

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002304

FILED
Apr 06, 2007
Secretary of State

Entity Name: FLORIDA DISTRICT NO. 17 LITTLE LEAGUE BASEBALL, INCORPORATED

Current Principal Place of Business:

113 S.W. EYERLY AVENUE
PORT ST. LUCIE, FL 349832527 US

New Principal Place of Business:

Current Mailing Address:

113 S.W. EYERLY AVENUE
PORT ST. LUCIE, FL 349832527 US

New Mailing Address:

FEI Number: 65-0892970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDMAN, DEWEY W
113 S.W. EYERLY AVENUE
PORT ST. LUCIE, FL 349832527 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUDMAN, DEWEY W
Address: 113 S.W. EYERLY AVENUE
City-St-Zip: PORT ST. LUCIE, FL 349832527 US

Title: D () Delete
Name: BOUTON, ROBERT
Address: 5208 DOWNY CT
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: D () Delete
Name: GUIDO, DENISE
Address: 5363 NW AXIS CT
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TD () Delete
Name: HUDMAN, LILLIAN
Address: 113 SW EYERLY AV
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: MCNAMARA, LISA
Address: 819 SW JENNIFER TER
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SD () Delete
Name: KELLY, NANCY
Address: 1077 SW SULTON DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOHNSON, CHUCK
Address: 12525 83RD ST
City-St-Zip: FELLSMERE, FL 32948 US

Title: D (X) Change () Addition
Name: FILIPKOWSKI, TOM
Address: 716 SE WHITE AV
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEWEY HUDMAN

PD

04/06/2007

Electronic Signature of Signing Officer or Director

Date