


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90087 025 ****70.00

DOCUMENT # N99000002455 1. Entity Name FT. BRADEN LITTLE LEAGUE, INC.					
Principal Place of Business 4244 WEST TENNESSEE STREET #239 TALLAHASSEE, FL 32304			Mailing Address 19714 CROW LANE TALLAHASSEE, FL 32310		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05032005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3565277				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROW, MARTHA S 19714 CROW LANE TALLAHASSEE, FL 32310			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	BRIDGETTE, ROWAN	<input checked="" type="checkbox"/> Delete	TITLE P	CROW, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1032 COE LANDING RD	TALLAHASSEE, FL 32310		STREET ADDRESS 19714 CROW LN	TALLAHASSEE, FL 32310	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE V	PERKINS, MICHAEL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 646 ALIZE WEBSTER DRIVE	TALLAHASSEE, FL 32310		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	HARVEY, KENNY RAY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16916 BLOUNTSTOWN HWY	TALLAHASSEE, FL 32310		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE TS	MUNDINGER, DEBI	<input checked="" type="checkbox"/> Delete	TITLE TS	DAILEY, RIXERA E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS PO BOX 21233	TALLAHASSEE, FL 32310		STREET ADDRESS 730 LITTLE JOHN RD	TALLAHASSEE, FL 32310	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	DANIELS, KENDALL	<input checked="" type="checkbox"/> Delete	TITLE BS	HOSFORD, SHANNON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1549 PATCHWORK PLACE	TALLAHASSEE, FL 32310		STREET ADDRESS 11864 BLOUNTSTOWN HWY	TALLAHASSEE, FL 32310	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	MOCK, DAVID	<input checked="" type="checkbox"/> Delete	TITLE D	BOLAND, MONICA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 836 SIR RICHARD RD	TALLAHASSEE, FL 32310		STREET ADDRESS 1062 NATURE TRAIL WAY	TALLAHASSEE, FL 32310	
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Rixera E Dailey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-3-05 850 443-5191 <small>Date Daytime Phone #</small>		