

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90205 030 ****70.00

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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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3565277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

FL

Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	<input checked="" type="checkbox"/> Delete
NAME	CROW, MICHAEL	
STREET ADDRESS	19714 CROW LN	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PERKINS, MICHAEL	
STREET ADDRESS	646 ALIZE WEBSTER DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, KENNY RAY	
STREET ADDRESS	16916 BLOUNTSTOWN HWY	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAILEY, RIXERA E	
STREET ADDRESS	730 LITTLE JOHN RD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOSFORD, SHANNUN	
STREET ADDRESS	11864 BLUNTSTOWN HWY	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLAND, MONICA	
STREET ADDRESS	1062 NATURE TRAIL WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32310	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

509-5491