2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006761

FILED Feb 02, 2005 Secretary of State

Entity Name: FLORIDA DISTRICT 9 LITTLE LEAGUE, INC. **Current Principal Place of Business: New Principal Place of Business:** FLEISHMAN HALL 2408 CLEVELAND AVE. FORT MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** P.O. BOX 6488 FORT MYERS, FL 33911 FEI Number: 65-0961731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEEMAN, MERT 2408 CLÉVELAND AVENUE FORT MYERS, FL 33901 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEEMAN, MERT Name: Name: 1668 HANSON STREET Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition Name: BALLARD, DANNY Name: YOCHUM, KEVIN Address: 9521 LITTLETON ROAD Address: 6261 BUCKINGHAM ROAD City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: FORT MYERS, FL 33905 Title: STD () Delete Title: () Change () Addition DELUCCIA, TONY Name: Name: 12351 MCGREGOR BLVD Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: YOCHUM, KEVIN Name: HOPPLE, DAVID 6261 BUCKINGHAM ROAD Address: Address: 10871 IRISH LANE City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MERT LEEMAN PD 02/02/2005