


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90014 006 ****61.25

DOCUMENT # N99000006761

1. Entity Name
FLORIDA DISTRICT 9 LITTLE LEAGUE, INC.



Principal Place of Business
**FLEISHMAN HALL 2408 CLEVELAND AVE.
 FORT MYERS, FL 33901**

Mailing Address
**P.O. BOX 6488
 FORT MYERS, FL 33911**

40114295



2. Principal Place of Business - No P.O. Box #
1668 HANSON STREET

3. Mailing Address
1668 HANSON ST

Suite, Apt. #, etc.

05132007 Chg-NP CR2E037 (12/06)

City & State
FORT MYERS FL

City & State
FORT MYERS, FL

Zip
33901

Country
USA

Zip
33901

Country
USA

4. FEI Number
65-0961731

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEEMAN, MERT
 2408 CLEVELAND AVENUE
 FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name **MERT LEEMAN (same)**

Street Address (P.O. Box Number is Not Acceptable)
1668 HANSON STREET

City **FORT MYERS** **FL** Zip Code **33901**

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 **MERT LEEMAN** *Mert Leeman* **5-12-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 14, 2007**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEMAN, MERT 1668 HANSON STREET FORT MYERS, FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOCHUM, KEVIN 6261 BUCKINGHAM ROAD FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELUCCIA, TONY 12351 MCGREGOR BLVD FORT MYERS, FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPPLE, DAVID 10871 IRISH LANE FORT MYERS, FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEVIN HUNTER 8381 ARBORFIELD COURT FORT MYERS FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mert Leeman* **5-12-07** **239-872-1791**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #