


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90019 037 ****61.25

| | | | | | |
|---|---------------------------|---|--|--|-----------------------------------|
| DOCUMENT # <u>702272</u> | | | |  | |
| 1. Entity Name NORTH LAKELAND American LITTLE LEAGUE, INC. | | | | | |
| Principal Place of Business 7044 GREEN ROAD HUNT FOUNTAIN PARK LAKELAND, FL 33809 | | | Mailing Address 7044 GREEN ROAD HUNT FOUNTAIN PARK LAKELAND, FL 33809 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 07082004 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 59-3178211 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CARLTON, CHARLES L 6310 LAKELAND HILLS BLVD. LAKELAND, FL 33805 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 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 | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RODENBERRY, SANDY | | NAME | | |
| STREET ADDRESS | 1015 BRENTWOOD LN | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33809 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SHIVER, DEBORAH | | NAME | | |
| STREET ADDRESS | 2050 RANCH LAND ACRES RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33809 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SEARLES, BILLY | | NAME | | |
| STREET ADDRESS | 1110 ENTERPRISE ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33805 | | CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BROWNLOW, ANGELA | | NAME | Pres. Bradley Fox | |
| STREET ADDRESS | 201 GRANITE DR | | STREET ADDRESS | 5712 Lake Breeze Dr | |
| CITY-ST-ZIP | LAKELAND, FL 33809 | | CITY-ST-ZIP | Lakeland FL 33809 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| 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>Deborah Shiver</u> | | Date: <u>7/8/04</u> | | Daytime Phone #: <u>863-858-2080</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |