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FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705793 (8)

1. Corporation Name

NORTH EAST LITTLE LEAGUE, INC.



Principal Place of Business

Mailing Address

169 N.W. 44TH STREET
P.O. BOX 122
FT LAUDERDALE FL 33309-3923169 N.W. 44TH STREET
P.O. BOX 122
FT LAUDERDALE FL 33309-39233. Date Incorporated or Qualified
06/24/19633a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SNAUFFER, JOHN W
809 N E 12TH AVE
POMPANO BEACH FL 33060~~

81 Name Ziegler, Michael

82 Street Address (P.O. Box Number is Not Acceptable)
5249 NE 2 AVE

83

84 City FT Lauderdale FL

85 Zip Code 33334

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SNAUFFER, JOHN
STREET ADDRESS 809 N E 12TH AVE
CITY-ST-ZIP POMPANO BEACH FL
☒ DELETE1.1 TITLE P
1.2 NAME Ziegler, Michael
1.3 STREET ADDRESS 5249 NE 2 AVE
1.4 CITY-ST-ZIP FT. Land, FL 33334
☒ Change ☐ AdditionTITLE VD
NAME ZIEGLER, MICHAEL
STREET ADDRESS 5249 N E 2ND AVE
CITY-ST-ZIP FT LAUDERDALE FL
☐ DELETE2.1 TITLE VP
2.2 NAME BINGEL, RAY
2.3 STREET ADDRESS 311 NW 54 ST
2.4 CITY-ST-ZIP FT. Land, FL 33309
☒ Change ☐ AdditionTITLE D
NAME STROBEL, PATRICIA
STREET ADDRESS 5464 N E 1ST AVE
CITY-ST-ZIP FORT LAUDERDALE FL
☐ DELETE3.1 TITLE T/D
3.2 NAME STROBL, PATRICIA
3.3 STREET ADDRESS 5464 NE 1 AVE
3.4 CITY-ST-ZIP FT. Land, FL 33334
☐ Change ☐ AdditionTITLE SD
NAME BRIGGS, KIM
STREET ADDRESS 168 N W 66TH ST
CITY-ST-ZIP FT LAUDERDALE FL
☐ DELETE4.1 TITLE S/D
4.2 NAME BRIGGS, KIM
4.3 STREET ADDRESS 168 NW 66 ST
4.4 CITY-ST-ZIP FT. Land, FL 33309
☐ Change ☐ AdditionTITLE D
NAME BINGEL, RAYMOND C
STREET ADDRESS 311 N W 54TH ST
CITY-ST-ZIP FORT LAUDERDALE FL
☐ DELETE5.1 TITLE D
5.2 NAME FROST, MATT
5.3 STREET ADDRESS 681 NE 56 ST
5.4 CITY-ST-ZIP FT. Land, FL 33334
☐ Change ☒ AdditionTITLE D
NAME KOBER, MICHAEL
STREET ADDRESS 5660 N E 7TH TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL
☒ DELETE6.1 TITLE D
6.2 NAME Ziegler, Cathy
6.3 STREET ADDRESS 5249 NE 2 AVE
6.4 CITY-ST-ZIP FT. Land, FL 33334
☐ Change ☒ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 unchanged, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035820

CR2E037 (9/96)