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Mar 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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
150 SECOND AVENUE NORTH **150 SECOND AVENUE NORTH**
SUITE 1100 **SUITE 1100**
ST. PETERSBURG FL 33701 **ST. PETERSBURG FL 33701**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
06/24/1963
4. FEI Number **23-7378070** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, THOMAS B
150 SECOND AVENUE NORTH
SUITE 1100
ST. PETERSBURG FL 33701

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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
TITLE PD ☐ DELETE
NAME **MOELLER, DAN**
STREET ADDRESS **202 44TH AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**
TITLE 1VPD ☐ DELETE
NAME **JENSEN, LARRY**
STREET ADDRESS **7261 18TH STREET N.E.**
CITY-ST-ZIP **ST. LAUDERDALE FL 33702**
TITLE 2VPD ☐ DELETE
NAME **WALTER, FRANK**
STREET ADDRESS **7921 3RD STREET NO.**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**
TITLE 3VPD ☐ DELETE
NAME **JIANNETTI, FRANK**
STREET ADDRESS **345 COFFEE POT DRIVE, N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**
TITLE SD ☐ DELETE
NAME **JENSEN, JACKIE**
STREET ADDRESS **7261 18TH STREET, N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**
TITLE TD ☐ DELETE
NAME **MCKEON, KEVIN**
STREET ADDRESS **655 16TH AVE., N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **WALTER, DOUG**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 recorder 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/97

CR2E037 (1097)