

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **716465** (0)

1. Corporation Name  
**BLOOMINGDALE LITTLE LEAGUE, INC.**



Principal Place of Business: **BLOOMINGDALE AVE. P.O. BOX 9 BRANDON FL 33509-0009**  
Mailing Address: **BLOOMINGDALE AVE. P.O. BOX 9 BRANDON FL 33509-0009**

3. Date Incorporated or Qualified: **04/29/1969**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2653049**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**BERRY, ALLAN  
3726 MURRAY DALE DR  
VALRICO FL 33594**

**10. Name and Address of New Registered Agent**

81 Name: **ESPOSITO, ANTHONY**  
82 Street Address (P.O. Box Number is Not Acceptable): **2102 CROCKETT CREEK WAY**  
83 City: **VALRICO**  
84 City: **FL** 85 Zip Code: **33594**

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]* DATE: **4/20/96**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, ALLAN	
STREET ADDRESS	3726 MURRAY DALE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CROSSLAND TOM	
STREET ADDRESS	3827 HANOVER HILL DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FOLEY, VERRY	
STREET ADDRESS	2210 GLEN MIST DR	
CITY-ST-ZIP	VALERIO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PRESIDENT PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANTHONY ESPOSITO	
1.3 STREET ADDRESS	2102 CROCKETT CREEK WAY	
1.4 CITY-ST-ZIP	VALRICO FL 33594	
2.1 TITLE	TREASURER TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NANCY LAFOUNTAIN	
2.3 STREET ADDRESS	2602 GLOUCESTER PL.	
2.4 CITY-ST-ZIP	VALRICO, FL 33594	
3.1 TITLE	VP Operations VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TEOVILLION, ALLAN	
3.3 STREET ADDRESS	2509 MASON GARDEN DRIVE	
3.4 CITY-ST-ZIP	VALRICO, FL 33594	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/24/96** 601-1893  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (12/95)