

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 # **N46288** (9)

1. Corporation Name

MYERS PARK LITTLE MAJOR LEAGUE, INC.



Principal Place of Business

Mailing Address

1005 E. PARK AVE.
TALLAHASSEE FL 32301

1005 E. PARK AVE.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
12/04/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Myers Park Little Major League Assoc. Inc.**

26

Suite, Apt. #, etc.
City of Tallahassee Parks & Recreation Dept.

27

City & State
912 Myers Park Drive

City & State

23 **Tallahassee, FL**

28

Zip
32301

Country
USA

Zip

24 **32301**

25 **USA**

29

9. Name and Address of Current Registered Agent

4. FEI Number
59-3044481

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

10. Name and Address of New Registered Agent

SMITH, PAULA P
1005 E. PARK AVE.
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SMITH, PAULA P**
STREET ADDRESS **1005 E. PARK AVE.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **DOUGLAS, DONALD**
STREET ADDRESS **1314 LAWDALE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

21 TITLE ☒ Change ☐ Addition
22 NAME **TD**
23 STREET ADDRESS **Davis, Connie G.**
24 CITY-ST-ZIP **1001 Washington St.**
Tallahassee, FL 32303

TITLE **SD** ☐ DELETE
NAME **MUSICK, RYLAND**
STREET ADDRESS **1739 KATHRYN DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, changed, or on an attachment with an address.

SIGNATURE:

Paula P. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96
Date

904-224-0060
Daytime Phone #

CR2E037 (12/95)