

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N46288** (9)
1. Corporation Name
MYERS PARK LITTLE MAJOR LEAGUE ASSOCIATION, INC.

Principal Place of Business Mailing Address
MYERS PARK LITTLE MAJOR LEAGUE ASSN. INC. **1005 E. PARK AVE.**
912 MYERS PARK DR. **TALLAHASSEE FL 32301**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1991	3a. Date of Last Report 02/13/1996
21 Suite, Apt. #, etc.		26 1001 Washington St.		4. FEI Number 59-3044481	Applied For Not Applicable
22 City & State		27 Tallahassee, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 32303		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Leon		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NORRIS, GERRY
%CITY OF TALLAHASSEE PARKS & RECREATION
912 MYERS PARK DRIVE
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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

FL

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	1.1 TITLE	PD
NAME	SMITH, PAULA P	1.2 NAME	Gary Printy
STREET ADDRESS	1005 E. PARK AVE.	1.3 STREET ADDRESS	660 East Jefferson St.
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	TD	2.1 TITLE	
NAME	DAVIS, CONNIE G.	2.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	VPP
NAME	MUSICK, RYLAND	3.2 NAME	Al Bastard
STREET ADDRESS	1739 KATHRYN DR.	3.3 STREET ADDRESS	1961 Charlais St.
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

Connie G. Davis

7/10/97

211-5471

CR2E037 (4/97)