NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 25 AM 10:11

DOCUMENT # N97000006016

1. Corporation Name: North Fort Myers National Little League, Inc.

Principal Place of Business	Mailing Address
Community Park Tamiami Trail North North Ft. Myers, Fl 33917	P.O. Box 3551 N. Ft. Myers, Fl 33918

09-2099-90009-006 $61.25

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

3. Date Incorporated or Qualified: 10/23/1997

4. FEI Number: ☐ 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

9. Name and Address of Current Registered Agent

Mattson, Theresa C.
4218 Pine Drop Lane
N. Ft. Myers, Fl 33917

10. Name and Address of New Registered Agent

81 Name: Richard J. Christenson
82 Street Address (P.O. Box Number is Not Acceptable): 19131 Durrance Road
83
84 City: N. Ft. Myers FL 85 Zip Code: 33917

11. Pursuant to the provisions of Section 617.0502 and 617.1506, 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: Richard J. Christenson 9/12/99
(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	☑ DELETE	1.1 TITLE	Pres.	☑ Change ☐ Addition
NAME	Theresa C. Mattson		1.2 NAME	Richard J. Christenson	
STREET ADDRESS	4218 Pine Drop Lane		1.3 STREET ADDRESS	19131 Durrance Road	
CITY-ST-ZIP	N. Ft. Myers, Fl 33917		1.4 CITY-ST-ZIP	N. Ft. Myers, Fl 33917	D
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	Ellis Green, Jr.		2.2 NAME	Theresa C. Mattson	
STREET ADDRESS	17850 Leetana Rd.		2.3 STREET ADDRESS	4218 Pine Drop Lane	
CITY-ST-ZIP	N. Ft. Myers, Fl 33917		2.4 CITY-ST-ZIP	N. Ft. Myers, Fl 33917	D
TITLE	T	☑ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	Linda Mooney		3.2 NAME	Jacque Price	
STREET ADDRESS	1826 NE 18th Place		3.3 STREET ADDRESS	2264 Laurel Lane	
CITY-ST-ZIP	Cape Coral, Fl 33909		3.4 CITY-ST-ZIP	N. Ft. Myers Fl 33917	D
TITLE	S	☑ DELETE	4.1 TITLE	S	☐ Change ☑ Addition
NAME			4.2 NAME	Theresa Hauger	
STREET ADDRESS			4.3 STREET ADDRESS	62 Victoria Dr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	N. Ft. Myers, Fl 33917	D
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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, with all other like empowered.

SIGNATURE: Richard J. Christenson 9/12/99 (941) 543-3034
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

CR2E037 (11/98)