

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000006016 (6)

1. Corporation Name

NORTH FORT MYERS NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

COMMUNITY PARK
TAMiami TRAIL NORTH
N FT MYERS FL 33917

P O BOX 3551
N FT MYERS FL 33918

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

29

9. Name and Address of Current Registered Agent

MATTSON, THERESA C
4218 PINE DROP LANE
N FT MYERS FL 33917

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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

10. Name and Address of New Registered Agent

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

11 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11 TITLE [] DELETE

NAME

STREET ADDRESS

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11 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

P/O

12 NAME

Theresa C. Mattson

13 STREET ADDRESS

4218 Pine Drop Lane

14 CITY-STATE-ZIP

North Fort Myers, FL 33917

21 TITLE

VLD

22 NAME

Burch Greene

23 STREET ADDRESS

17850 Keetana

24 CITY-STATE-ZIP

North Ft. Myers, FL 33917

31 TITLE

T/O

32 NAME

Kinda Munn

33 STREET ADDRESS

1826 NE 18th Place

34 CITY-STATE-ZIP

Cape Coral, FL 33914

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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.

SIGNATURE:

Theresa C. Mattson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/26/98

939 0444

CR2E037 (5/98)

FILED
Oct 08 1998 8:00am
Secretary of State