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FILED Sep 10, 2001 8:00 am Secretary of State D 09-10-2001 90065 008 ****61.25 IMMOKALEE LITTLE LEAGUE BASEBALL ASSOCIATION, IN Principal Place of Business Mailing:Address .P.O. BOX 5096 P.O. BOX 5096 A0084793 IMMOKALEE FL 34143 IMMOKALEE FL 34143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1242228 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) YZAGUIRRE, TAMMY S 1313 ORANGE STREET IMMOKALEE FL 34142 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE 9. Election Campaign Financing **FILE NOW: FEE IS \$61.25** Make Check Payable to \$5.00 May Be Trust Fund Contribution After September 12, 2001, min. will be \$236.25" Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (5/01) ☐ Delete ☐ Change ☐ Addition TITLE TITLE YZAGUIRRE, TAMMY S NAME NAME STREET ADDRESS 1313 ORANGE ST. STREET ADDRESS CR2E037 CITY-ST-ZIP CITY-ST-ZIP **IMMOKALEE FL 34142** Delete Addition TITLE TITLE Change DAVENPORT, JEFF NAME NAME 19404 IMMOKALEE RD. STREET ADDRESS STREET ADDRESS IMMOKALEE FL 34142 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE Treasurer Tanya Williams 5118 Bass Rd. ADAME, JANIE NAME NAME 201 CALLE AMISTAD STREET ADDRESS STREET ADDRESS 34142 CITY-ST-7IP Immokalee, FL CITY-ST-ZIP IMMOKALEE FL 34142 Delete TITLE Change ☐ Addition TITLE Secretary Villiams COLEMAN, ROBERT NAME NAME tanya William 5118 Bass Rd. 1400 15TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 34142 IMMOKALEE FL 34142 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition. TITLE Delete TITLE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

(941)867-3321