

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755175

FILED
Mar 03, 2015
Secretary of State
CC7920693030

Entity Name: BELMONT HEIGHTS LITTLE LEAGUES BASEBALL, INC.

Current Principal Place of Business:

2101 DR. MLK, JR. DRIVE E
BELMONT HEIGHTS LITTLE LEAGUE COMPLEX
TAMPA, FL 33610

Current Mailing Address:

P.O. BOX 310403
TAMPA, FL 33680 US

FEI Number: 59-2307436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAMBRELL, ARTIS JR
11224 TAFT LANE
SEFFNER, FL 33584 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name GAMBRELL JR., ARTIS MR.
Address 11224 TAFT LANE
City-State-Zip: SEFFNER FL 33584

Title SECRETARY
Name HOUSE, KATRINA
Address P.O. BOX 310403
City-State-Zip: TAMPA FL 33680

Title TREA
Name BYNUM, STEVEN MR.
Address 7125 COVE PL
City-State-Zip: TAMPA FL 33617

Title VPRE
Name ALEXANDER, SONJA MS.
Address PO BOX 75789
City-State-Zip: TAMPA FL 33605

Title SAFETY DIRECTOR
Name REEVES, DAN MR.
Address 912 E 24TH AVE
City-State-Zip: TAMPA FL 33610

Title MINOR LEAGUE DIRECTOR
Name JOHNSON, XAVIER
Address P.O. BOX 310403
City-State-Zip: TAMPA FL 33680

Title JUNIOR LEAGUE DIRECTOR
Name WILLIAMS, MARLON
Address 3404 PINE TOP DR.
City-State-Zip: TAMPA FL 33594

Title MAJOR LEAGUE DIRECTOR
Name WILLIAMS, JAMES
Address 426 DOWN PINE DR
City-State-Zip: TAMPA FL 33584

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN BYNUM

TREASURER

03/03/2015

Electronic Signature of Signing Officer/Director Detail

Date