FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700675 (2)

1. Corporation Name
MEADOWLAWN LITTLE LEAGUE INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7390 18TH ST N. PO BOX 20644 ST. PETE FL 33742 US	7390 18TH STREET N P O BOX 20644 ST PETERSBURG FL 33742 US

3. Date Incorporated or Qualified: 06/18/1969
3a. Date of Last Report: 04/05/1994
4. FEI Number: 23-7061591 ☐ Applied For ☐ Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TRAFFORD, BUD
7145 17TH STREET N.
ST. PETE FL 33702

10. Name and Address of New Registered Agent

91 Name: JIM STOKELAND
92 Street Address (P.O. Box Number is Not Acceptable): 6400 17TH STREET NORTH
93
94 City: ST. PETERSBURG, FL 95 Zip Code: 33702

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	~~TRAFFORD, BUD~~	1.2 NAME	JIM STOKELAND
STREET ADDRESS	~~7145 17TH STREET NORTH~~	1.3 STREET ADDRESS	6400 17TH STREET NORTH
CITY-ST-ZIP	~~ST. PETE FL~~	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	PAD	2.1 TITLE	☐ Change ☐ Addition
NAME	TITUS, DICK	2.2 NAME	
STREET ADDRESS	1792 77TH AVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	~~BRYCE, EVA~~	3.2 NAME	
STREET ADDRESS	~~311 62ND AVENUE N~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	CARBONARO, CARLA	4.2 NAME	
STREET ADDRESS	1960 74TH AVENUE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Carla E Carbonaro, Treasurer 2/10/95 813-526-4930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carla E Carbonaro

0000833