

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700675 (2)

1. Corporation Name

MEADOWLAWN LITTLE LEAGUE INC

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
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7061591

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

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOKKELAND, JIM
64400 17TH STREET NORTH
ST. PETERSBURG FL 33702

81 Name

NORMA FRANKLIN

82

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

6615 - 27 ST. N.

83

84

City

St. Petersburg

FL

85 Zip Code

33702

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 NORMA FRANKLIN

Signature typed or printed name of registered agent and title if applicable

(Not Registered Agent signature required when re-stating)

DATE 7/16/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STOKKELAND, JIM
STREET ADDRESS 6400 17TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL

☒ DELETE

TITLE PAD
NAME TITUS, DICK
STREET ADDRESS 1792 77TH AVE NORTH
CITY-ST-ZIP ST. PETE FL

☒ DELETE

TITLE TD
NAME CARONARO, CARLA
STREET ADDRESS 1980 74TH AVENUE N
CITY-ST-ZIP ST PETERSBURG FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME

NORMA FRANKLIN

1.3 STREET ADDRESS

6615 - 27 ST. N.

1.4 CITY-ST-ZIP

ST. PETERSBURG, FL 33702

2.1 TITLE

TREASURER ☒ Change ☐ Addition

2.2 NAME

MARIE STRAIGHT

2.3 STREET ADDRESS

200 82ND AVE N.

2.4 CITY-ST-ZIP

ST. PETERSBURG, FL 33702

3.1 TITLE

SECRETARY ☒ Change ☐ Addition

3.2 NAME

PATTY HAUGH

3.3 STREET ADDRESS

2901 - 62ND AVE N.

3.4 CITY-ST-ZIP

ST. PETERSBURG, FL 33702

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

NORMA FRANKLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 7/16/96

DAYTIME PHONE # 813-528-8142

CR2E037 (3/96)