

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 07 1997 8:00am
Secretary of State

DOCUMENT # 700675 (2)

1. Corporation Name

MEADOWLAWN LITTLE LEAGUE INC



Principal Place of Business

Mailing Address

7390 18TH ST. N.
P O BOX 20644
ST. PETE FL 33742
US7390 18TH STREET N
P O BOX 20644
ST PETERSBURG FL 33742-0644
US3. Date Incorporated or Qualified
06/18/19693a. Date of Last Report
08/01/1996

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7061591

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME FRANKLIN, NORMA
STREET ADDRESS 6615 27TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL 337021.1 TITLE ~~PRESIDENT DIRECTOR~~ ☒ Change ☐ Addition
1.2 NAME BYRLEY BECKY
1.3 STREET ADDRESS 4401 CRESTWOOD DR N
1.4 CITY-ST-ZIP ST PETERSBURG, FL 33714TITLE TD ☐ DELETE
NAME STRAIGHT, MARIE
STREET ADDRESS 200 82ND AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 337022.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME HAUGH, PATTY
STREET ADDRESS 2901 62ND AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 337023.1 TITLE SECRETARY SD ☒ Change ☐ Addition
3.2 NAME CARLA CARBONARO
3.3 STREET ADDRESS 1260 74TH AVENUE
3.4 CITY-ST-ZIP ST. PETE, FL 33702TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE V.P. SOFTBALL SBD ☐ Change ☒ Addition
4.2 NAME CHUCK ACLETA
4.3 STREET ADDRESS 2931 DARTMOUTH AVE N.
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33713TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Becky Byrley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/11/97
Date8/3/526-1153
Daytime Phone • 0051452

CR2E037 (9/96)