FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

POCUMENT #

SIGNATURE:

700675

(2)

MEADOWLAWN LITTLE LEAGUE INC					
		,•			
Principal Place	e of Business	Mailing Address			III BIBIA DIBII BIBIA DIBIA DIBIA INDE
7390 18TH ST I	N.	7390 18TH STREET N		3. Date Incorporated or Qualified	
PO BOX 20644 P O BOX 20644			****	06/18/1969	
8T. PETE FL 33 US	3742	ST PETERSBURG FL 3: US	3742	4. FEI Number	Applied For
		00		23-7061591	Not Applicable
2. Principal Pl	ace of Business	2a. Mailing Address 28		6. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	W, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State	•	City & State		7. Is this nonprofit corporation a homeo	
Zip	Country	28	Country	Yes	
24	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current		100	10. Name and Address of New Registe	
			B1 Name	la la Cas books	^^
STOKKELAND, JIM					<u>``U</u>
64400 177H-STREET NORTH			82 Street A	address (P.O. Box Number is Not Acceptable)	
ST. PETERSBURG FL 39702			83 < 1	Detenshing	
ı			84 City	1. TEXESULTY	95 Zin Code
			" *		FL 133702
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					se of changing its registered
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 register 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 register agent. I am Jernitist with, and accept the obligations of Section 617.0503, Floridal Stations.					
SIGNATURE Signature types of printed name of registered egent and title if applicable (NOTE: Registered Agent signature regulated w				MEDILIAN DE L	-98-10
12.				ADDITIONS/CHANGES TO OFFICERS	
TITLE	PO	DELETE	1.1 TITLE	Docksteent P.D	Change Addition
NAME	BYRLEY, BECKY	• •	1.2 NAME	CARLACARBONARO	
STREET ADDRESS	4401 CRESTWOOD DR NORTH	1	1.3 STREET ADDRESS	Laux Jut Ave. M.	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	Jt. PEtersburg, FC	<u> 33702 </u>
TITLE	10	☐ DELETE	2.1 TITLE	7,	☐ Change ☐ Addition
NAME	STRAIGHT, MARIE		2.2 NAME		
STREET ADDRESS	200 82ND AVE. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702	DELETE	2.4 CITY-ST-ZIP		[] A [] 44/04-
TITLE	SO Carbonaro, Carla	DELETE	3.1 TITLE		. Change Addition
NAME	1960 74 AVE NOR		3.2 NAME		
STREET ADORESS	ST. PETERSBURG FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	VP D	DELETE	3.4, CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	ACCETTA, CHUCK		4. 2 NAME		
STREET ADDRESS	2931 DARTMOUTH AVE N		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE		DELETE			Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	artification the information and the state of	h this files does not a	6.4 CITY-ST-ZIP	d in Continue 440 07/03/1). Florida Carbatas I forth	or portific that the information
14. 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 annual report or supplicipnental 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.					