

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

01-24-2005 90053 013 ****61.25

DOCUMENT # 700675

1. Entity Name
MEADOWLAWN LITTLE LEAGUE INC



Principal Place of Business
7390 18TH ST N.
PO BOX 20644
ST. PETE, FL 33742 US

Mailing Address
7390 18TH STREET N
P O BOX 20644
ST PETERSBURG FLA, 33742 US

66003191



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7061591

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, THOMAS H
8414-17TH STREET NORTH
SAINT PETERSBURG, FL 33702

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **CARSON, THOMAS H**
STREET ADDRESS **8414-17TH STREET NORTH**
CITY-STATE-ZIP **SAINT PETERSBURG, FL 33702**

TITLE **PD** ☐ Change ☒ Addition
NAME **ROBERT J HUFF**
STREET ADDRESS **5733 MAGNOLIA ST N.**
CITY-STATE-ZIP **ST. PETERSBURG, FL 33703**

TITLE **PD** ☒ Delete
NAME **DENNIS, DIANE**
STREET ADDRESS **8233 25TH ST. NORTH**
CITY-STATE-ZIP **SAINT PETERSBURG, FL 33702**

TITLE **D** ☐ Change ☒ Addition
NAME **RICHARD HALEY JR**
STREET ADDRESS **854 118TH TERRACE N. #8**
CITY-STATE-ZIP **ST. PETERSBURG, FL 33716**

TITLE **D** ☒ Delete
NAME **FERGUSON, STEPHEN R**
STREET ADDRESS **6597 -27TH ST NO**
CITY-STATE-ZIP **SAINT PETERSBURG, FL 33702**

TITLE **D** ☐ Change ☒ Addition
NAME **CRAIG WILTSE**
STREET ADDRESS **-1572 77TH AVE NORTH**
CITY-STATE-ZIP **ST. PETERSBURG, FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen R. Ferguson **STEPHEN R. FERGUSON** 2/26/05 727-399-5430