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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705598

1. Corporation Name

NORTH BRANDON LITTLE LEAGUE, INC.

Principal Place of Business

2915 N. KINGSWAY AVENUE
SEFFNER FL 33584
US

Mailing Address

P.O. BOX 452
BRANDON FL 33509-0452



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/14/1963

4. FEI Number

59-1778709

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

9. Name and Address of Current Registered Agent

PACINI, PAT
1915 WEST WATERS AVENUE #17
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name

Pat Pacini

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

529 South Parsons #513

83 Brandon

84 City

Brandon

FL

85 Zip Code

33511

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

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

PATRICK PACINI, PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

1/25/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PACINI, PAT**
STREET ADDRESS **1915 WEST WATERS AVENUE #17**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **SD** ☐ DELETE

NAME **BARRY, MICHELLE**
STREET ADDRESS **1813 STAYSAIL DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **TD** ☒ DELETE

NAME **FERTIC, LINDA**
STREET ADDRESS **1311 WINDJAMMER PLACE**
CITY-ST-ZIP **VALRICO FL**

TITLE **VD** ☐ DELETE

NAME **MAMAK, DONNA**
STREET ADDRESS **3302 KING CHARLES CIRCLE**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

529 S. Parsons #513
Brandon, FL 33511

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TD

Gary Heger

1212 Lady Gueneviere

Valrico, FL 33594

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Pat Pacini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99
Date

813 404-7840
Daytime Phone #

CR2E037 (1/1998)