

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
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95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 707370 (3)
1. Corporation Name
NORTH MERRITT ISLAND LITTLE LEAGUE, INC.

Principal Place of Business Mailing Address

P O BOX 540394
P.O. BOX 540394
MERRITT ISLAND FL 32954-0394
US

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P.O. BOX 540394
MERRITT ISLAND FL 32954-0394
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/02/1964** 3a. Date of Last Report **04/08/1994**

4. FFI Number **NOT APPLICABLE** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **305 N. COURTNEY PKWY** 26 **PO Box 394**
Suite, Apt #, etc. Suite, Apt #, etc.

22 **Merritt Island Fl.** 27 **Merritt Island, Fl.**
City & State City & State

24 **32953** 25 **BREVARD** 29 **32953** 30 **BREVARD**
Zip County Zip County

9. Name and Address of Current Registered Agent

TROUT, MARK
189 HURWOOD STREET
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name ~~WAYNE MARTIN~~ **Terry PADCZYNSKI**

82 Street Address (P.O. Box Number is Not Acceptable)
~~413 4th St~~ **100 E. CRISAFULLI Rd**

83

84 City **Merritt Island** FL 85 Zip Code **32953**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 (or the person or persons authorized to execute this report as required by Chapter 617, Florida Statutes, and that I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Jerry Allen Pepay* 4-18-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TROUT, MARK
STREET ADDRESS	189 HURWOOD AVENUE
CITY, ST, ZIP	MERRITT ISLAND FL
TITLE	VD
NAME	LAMASTER, SHIRLEY
STREET ADDRESS	685 PARKSIDE AVENUE
CITY, ST, ZIP	MERRITT ISLAND FL
TITLE	SD
NAME	GATES, PAT
STREET ADDRESS	310 RICHLAND AVE.
CITY, ST, ZIP	MERRITT ISLAND, FL 00000
TITLE	TD
NAME	TROUT, JULIE
STREET ADDRESS	189 HURWOOD ST.
CITY, ST, ZIP	MERRITT ISLAND, FL 00000
TITLE	D
NAME	SLAVEN, CHARLIE
STREET ADDRESS	335 HUNT AVENUE
CITY, ST, ZIP	MERRITT ISLAND, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WAYNE MARTIN	
13 STREET ADDRESS	413 4th ST.	
14 CITY, ST, ZIP	Merritt Island, Fl. 32953	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LORA JONES	
23 STREET ADDRESS	445 MOHAWK TRAIL	
24 CITY, ST, ZIP	Merritt Island, Fl. 32953	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	KAREN EFSTATHIO	
33 STREET ADDRESS	475 CARRIOCA CT.	
34 CITY, ST, ZIP	Merritt Island, Fl. 32953	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JOANN LYLE	
43 STREET ADDRESS	715 RIVERS OAK LANE	
44 CITY, ST, ZIP	Merritt Island, Fl. 32953	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	TIM SHERIDAN	
53 STREET ADDRESS	715 E. CRISAFULLI Rd	
54 CITY, ST, ZIP	Merritt Island, Fl. 32953	
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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)(b), 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 as an attachment with an address.

SIGNATURE: *Wayne Martin* April 24, 1995 407-453-0019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR