

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 707370

1. Corporation Name

NORTH MERRITT ISLAND LITTLE LEAGUE, INC.

Principal Place of Business

305 N COURTENAY PKWY
P.O. BOX 540394
MERRITT ISLAND FL 32953
US

Mailing Address

P.O. BOX 394
P.O. BOX 540394
MERRITT ISLAND FL 32953
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90173 019 ****70.00

0020779



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/02/1964

4. FEI Number

59-3400889

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

CAUDLE, BILL
3605 STARLIGHT AVENUE
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name **KIMBERLEY A. LAWSON**

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

83 **340 MARSEILLE DR.**

84 City **MERRITT ISLAND**

85 Zip Code **FL 32953**

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 **KIMBERLEY A. LAWSON**
Signature, typed or printed name of registered agent and title if applicable.

Kimberley A. Lawson
(NOTE: Registered Agent signature required when reinstating)

1-19-99
DATE

12. OFFICERS AND DIRECTORS

T CAUDLE, BILL ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

V COLLINS, JOHN ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

V STARKEY, JESSE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

D HAWKINS, JANICE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

PD LAWSON, KIMBERLY ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

S HINKEL, MELANIE ☐ 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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
KIMBERLEY A. LAWSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-99 **407-4507-1429**

CR2E037 (11/98)