FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714184 (9)

1. Corporation Name

CLEARWATER NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
714 N. SATURN SID LICKTON COMPLEX CLEARWATER FL 34615 US	PO BOX 5722 CLEARWATER FL 34618-5722 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1968
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2917908 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KRENTZMAN, JOHN
410 N. GLENWOOD AVE.
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: Christine A. Pecorelli
82 Street Address (P.O. Box Number is Not Acceptable): 1463 Otten St
83
84 City: Clearwater FL 85 Zip Code: 34615

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Christine A. Pecorelli President Christine A. Pecorelli 3/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	KRENTZMAN, JOHN	1.2 NAME	Christine A. Pecorelli
STREET ADDRESS	410 GLENWOOD AVE.	1.3 STREET ADDRESS	1463 Otten St.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clw, Fl 34615
TITLE	VPD	2.1 TITLE	Paul Costello VPD ☑ Change ☐ Addition
NAME	FARINELLA, TONY	2.2 NAME	
STREET ADDRESS	1634 GENTRY ST.	2.3 STREET ADDRESS	1530 Smallwood Cir
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, Fl 34615
TITLE	D	3.1 TITLE	Rhoda Costello ☑ Change ☐ Addition
NAME	PECORELLI, CHRISTINE	3.2 NAME	
STREET ADDRESS	1463 OTTEN ST.	3.3 STREET ADDRESS	1530 Smallwood Cir
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, Fl 34615
TITLE	TD	4.1 TITLE	TD ☑ Change ☐ Addition
NAME	SELLINGER, DIANA	4.2 NAME	Diana Sellinger
STREET ADDRESS	1248 CARACAS AVE	4.3 STREET ADDRESS	1248 Caracas Ave
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clw, Fl
TITLE	D	5.1 TITLE	Sally Roach VPD ☑ Change ☐ Addition
NAME	COSTELLO, PAUL	5.2 NAME	
STREET ADDRESS	1530 SMALLWOOD CIRCLE	5.3 STREET ADDRESS	2433 Glenann Dr
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Clw, Fl.
TITLE	VPD	6.1 TITLE	John Krentzman D ☒ Change ☐ Addition
NAME	ROACH, SALLY	6.2 NAME	
STREET ADDRESS	2433 GLENANN DR.	6.3 STREET ADDRESS	410 Glenwood Ave
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	Clw Fl 34615

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)(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 the address.

SIGNATURE: Christine A. Pecorelli 3/6/95 813-441-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084308