

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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**

3. Date Incorporated or Qualified

**03/04/1968**

4. FEI Number

**59-2917908**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 714 N. Saturn**

**26 P.O. Box 5722**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Sid Lickton Complex**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

City & State

City & State

**23 Clearwater, Florida**

**28 Clearwater, Florida**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

Zip

Country

Zip

Country

**24 33755**

**25 USA**

**29 33758**

**30 USA**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAULK, PATRICIA  
2213 ARLINGTON PLACE  
CLEARWATER FL 34625**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD  
PAULK, PATRICIA**  
STREET ADDRESS **2214 ARLINGTON PLACE**  
CITY-ST-ZIP **CLEARWATER FL 34625**

1.2 NAME **Patricia A. Paulk**  
1.3 STREET ADDRESS **2214 Arlington Place**  
1.4 CITY-ST-ZIP **Clearwater, Florida 33765**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VPD  
GRANT, BARBARA**  
STREET ADDRESS **2009 HARDING STREET**  
CITY-ST-ZIP **CLEARWATER FL 34625**

2.2 NAME **Barbara Grant**  
2.3 STREET ADDRESS **2009 Harding Street**  
2.4 CITY-ST-ZIP **Clearwater, Florida 33765**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **VPD  
MORRIS, HAL**  
STREET ADDRESS **2324 HARN BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 34624**

3.2 NAME **Hal Morris**  
3.3 STREET ADDRESS **2324 Harn Blvd.**  
3.4 CITY-ST-ZIP **Clearwater, Florida 33764**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **T  
MORRIS, LAURIE**  
STREET ADDRESS **2324 HARN BLVD.**  
CITY-ST-ZIP **CLEARWATER FL 34624**

4.2 NAME **Laurie Morris**  
4.3 STREET ADDRESS **2324 Harn Blvd.**  
4.4 CITY-ST-ZIP **Clearwater, Florida 33764**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **VPD  
BROWN, KEN**  
STREET ADDRESS **1730 RIDGEWAY DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 34615**

5.2 NAME **Ken Brown**  
5.3 STREET ADDRESS **1730 Ridgeway Drive**  
5.4 CITY-ST-ZIP **Clearwater, Florida 33755**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(l), 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.

SIGNATURE:

**Patricia A. Paulk**

January 14, 1998

Date

Daytime Phone # 442-0700

CR2E037 (10/97)