

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90100 027 \*\*\*\*61.25

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DOCUMENT # 714184

1. Corporation Name

CLEARWATER NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business

714 N. SATURN  
SID LICKTON COMPLEX  
CLEARWATER FL 34615  
US

Mailing Address

PO BOX 5722  
CLEARWATER FL 34618-5722  
US



2. Principal Place of Business

21 714 N. Saturn

Suite, Apt. #, etc.

22 Sid Lickton Complex

City & State

23 Clearwater, FL

Zip

Country

24 33755

25

2a. Mailing Address

26 P. O. Box 5722

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip

Country

29 33758-5722

30

USA

3. Date Incorporated or Qualified

03/04/1968

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

9. Name and Address of Current Registered Agent

PAULK, PATRICIA  
2213 ARLINGTON PLACE  
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

Cynthia Signore

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

1623 EL TAIR TRAIL

83

84 City

Clearwater

FL

85 Zip Code

33765

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

Cynthia Signore, Treasurer

4-29-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

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

TITLE VPD ☒ DELETE

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

TITLE VPD ☒ DELETE

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

TITLE T ☒ DELETE

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

TITLE VPD ☒ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Tad Humphries  
1.3 STREET ADDRESS 1824 Emory Drive  
1.4 CITY-ST-ZIP Clearwater, FL 33765

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME Debbie Sharp  
2.3 STREET ADDRESS 1852 ELMHURST  
2.4 CITY-ST-ZIP Clearwater, FL 33765

3.1 TITLE TD ☐ Change ☒ Addition

3.2 NAME Cindy Signore  
3.3 STREET ADDRESS 1623 EL TAIR TR  
3.4 CITY-ST-ZIP Clearwater, FL 33765

4.1 TITLE SD ☐ Change ☒ Addition

4.2 NAME Sherry Labus  
4.3 STREET ADDRESS 1330 Parkwood Street  
4.4 CITY-ST-ZIP Clearwater, FL 33755

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: Cynthia Signore SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 (727) 796-5593

Date

Daytime Phone #

CR2E037 (11/98)