

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 12: 08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 714536 (0)

1. Corporation Name

INDIAN HARBOUR BEACH LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

**123 FREDDIE STREET
INDIAN HARBOUR BCH FL 32937**

**123 FREDDIE STREET
INDIAN HARBOUR BCH FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1968

3a. Date of Last Report

05/01/1994

4. FBI 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 S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEMIEUX, GEORGE
123 FREDDIE STREET
INDIAN HARBOUR BEACH FL 32937**

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 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 provisions of, Sections 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

4/22/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **LEMIEUX, GEORGE**
STREET ADDRESS **123 FREDDIE STREET**
CITY - ST - ZIP **INDIAN HARBOUR BCH. FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **VD**
NAME **HAND, STEVE**
STREET ADDRESS **246 HARBOUR DRIVE EAST**
CITY - ST - ZIP **INDIAN HARBOUR BEACH FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **SD**
NAME **MCDUGALL, NANCY,**
STREET ADDRESS **1232 YACHT CLUB BLVD.**
CITY - ST - ZIP **INDIAN HARBOUR BCH.**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **DEWEY, JOHN**
STREET ADDRESS **1245 SEMINOLE DR.**
CITY - ST - ZIP **INDIAN HARBOUR BCH., F**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **TD**
NAME **STOMS, MADGE**
STREET ADDRESS **520 ANDROS LANE**
CITY - ST - ZIP **INDIAN HARBOUR B FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information indicated on the 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:

SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/22/95

(407) 984-5657

Daytime Phone #