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**Apr 27, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714536**

1. Corporation Name

**INDIAN HARBOUR BEACH LITTLE LEAGUE, INC.**

Principal Place of Business

100 BAY TREE DR NORTH  
 INDIAN HARBOUR BEACH FL 32937  
 US

Mailing Address

742 SANDERLING DR  
 INDIATLANTIC FL 32903  
 US



2. Principal Place of Business

21 1110 Sioux Dr

Suite, Apt. #, etc.

22 City & State

Indian Harbour Beach FL

24 Zip

32937

25 Country

US

2a. Mailing Address

26 1110 Sioux Dr.

Suite, Apt. #, etc.

27 City & State

Indian Harbour Beach FL

29 Zip

32937

30 Country

US

3. Date Incorporated or Qualified

05/02/1968

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

LEMIEUX, GEORGE  
 123 FREDDIE STREET  
 INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME KARREN BEEMAN

STREET ADDRESS 1110 SIOUX DR

CITY-STATE-ZIP INDIAN HARBOUR BCH. FL

TITLE VP ☒ DELETE

NAME ALITA TERRY

STREET ADDRESS 1123 SEMINOLE DR

CITY-STATE-ZIP INDIAN HARBOUR BCH.

TITLE VD ☐ DELETE

NAME GEORGE LEMIEUX

STREET ADDRESS 123 FREDDIE ST

CITY-STATE-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE T ☒ DELETE

NAME FALKNER, KRISTEN

STREET ADDRESS 1106 PAWNEE TERR

CITY-STATE-ZIP INDIAN HARBOUR BCH FL

TITLE PD ☒ DELETE

NAME FRAZIER, JOHN

STREET ADDRESS 742 SANDERLING DR

CITY-STATE-ZIP INDIATLANTIC FL 32903

TITLE SD ☒ DELETE

NAME LEPO, KATHY

STREET ADDRESS 1003 FLOTILLA CLUB DR

CITY-STATE-ZIP INDIAN HARBOUR BEACH FL 32937

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

VP

Mike Hamper

6 Colonial Way

Indian Harbour Beach FL 32937

T Glenn Sandler

208 Waterbury Lane

Indian Harbour Beach FL 32937

D Mickey Barnett

104 Bay Drive No.

Indian Harbour Beach FL 32937

S Jo Anne Barnett

104 Bay Drive No.

Indian Harbour Beach FL 32937

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:

*Katherine Harris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.99

407-777-3581

Date

Daytime Phone #

CR2E037 (1/98)