

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**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90093 026 \*\*\*\*61.25

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**DOCUMENT # 716207**

1. Corporation Name

**CITRUS PARK LITTLE LEAGUE, INC.**

Principal Place of Business

P. O. BOX 340067  
TAMPA FL 33694-0067  
US

Mailing Address

P. O. BOX 340067  
TAMPA FL 33694-0067  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**03/17/1969**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**52-1286855**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐

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

24 33625 25 USA

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZECCA, TONY**  
**15609 JERICHO DR.**  
**TAMPA FL 33556**

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 PD  
NAME ZECCA, TONY  
STREET ADDRESS 15609 JERICHO DR.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD  
NAME RUFFERT, CINDY  
STREET ADDRESS 11938 SUGAR TREE DR  
CITY-ST-ZIP TAMPA FL 33625

☐ DELETE

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

☐ Change ☐ Addition

TITLE VPD  
NAME ROBERTS, KIM  
STREET ADDRESS 13311 KRAMENIA DR  
CITY-ST-ZIP TAMPA FL 33626

☐ DELETE

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

☐ Change ☐ Addition

TITLE VPD  
NAME WADE, EDWARD  
STREET ADDRESS 6209 BOONE DR  
CITY-ST-ZIP TAMPA FL 33625

☐ DELETE

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

☐ Change ☐ Addition

TITLE VPD  
NAME FLANAGAN, KEVIN  
STREET ADDRESS 15131 NIGHTHAWK DR  
CITY-ST-ZIP TAMPA FL

☒ DELETE

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

☐ Change ☒ Addition

TITLE TD  
NAME SMITH, JAMES T  
STREET ADDRESS 4101 WINDTREE DR  
CITY-ST-ZIP TAMPA FL

☐ DELETE

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

☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99

520-4598

CR2E037 (1/198)