

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **718118** (3)
1. Corporation Name
BAYSHORE LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address
P.O. BOX 14382 **P.O. BOX 14382**
TAMPA FL 33606 **TAMPA FL 33606**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1970		3a. Date of Last Report 12/18/1995	
21		26		4. FEI Number 59-2896636		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MUNCH, JACOB J
701 NORTH FRANKLIN STREET
SUITE 300
TAMPA FL 33602

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLUHARDY, STEVE	1.2 NAME	
STREET ADDRESS	2418 WAYTRUS AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33606	1.4 CITY - ST - ZIP	
TITLE	SD PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CRANE, STEVE	2.2 NAME	
STREET ADDRESS	2802 TERRACE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33606	2.4 CITY - ST - ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MESSINA, MICHAEL	3.2 NAME	
STREET ADDRESS	412 1/2 ERIE AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33606	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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: *Michael P. Messina CPA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-96 (413) 222-1111

CR2E037 (12/95)