**FILE NOW: FILING FEE IS $61.25**

FILED
Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>TAMPA FL 33606 | P.O. BOX 14382<br>TAMPA FL 33690-4382 |

3. Date Incorporated or Qualified: 03/13/1970
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2896636 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

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

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☑ DELETE | 1.1 TITLE | ~~President~~ P/D | ☑ Change ☑ Addition |
| NAME | FLUHARDY, STEVE | | 1.2 NAME | Daniel Mitchell | |
| STREET ADDRESS | 2416 WAYTRUS AVENUE | | 1.3 STREET ADDRESS | 501 E. Kennedy Suite 1207 | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST-ZIP | TAMPA, FL 33602 | |
| TITLE | PD | ☑ DELETE | 2.1 TITLE | S/D | ☑ Change ☐ Addition |
| NAME | CRANE, STEVE | | 2.2 NAME | Martha Curtis | |
| STREET ADDRESS | 2802 TERRACE DRIVE | | 2.3 STREET ADDRESS | 69 Martinique Ave. | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-ST-ZIP | TAMPA FL 33606 | |
| TITLE | TD | ☑ DELETE | 3.1 TITLE | T/D | ☑ Change ☐ Addition |
| NAME | MESSINA, MICHAEL | | 3.2 NAME | Cindy A. Choate | |
| STREET ADDRESS | 412 1/2 ERIE AVENUE | | 3.3 STREET ADDRESS | 68 Bahama Circle | |
| CITY-ST-ZIP | TAMPA FL 33606 | | 3.4 CITY-ST-ZIP | TAMPA, FL 33606 | |
| 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 | | VB 2-28 |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | 100002101901 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | -03/03/97--01016--016 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | ***61.25 | |

CR2E037 (9/96)

14. I do 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.

**SIGNATURE:** Cindy A. Choate FILED 1-15-97 813 251-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049535