

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**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90075 027 \*\*\*\*61.25

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**DOCUMENT # 718140**

1. Corporation Name

**INVERNESS LITTLE LEAGUE, INC.**

Principal Place of Business

PO BOX 2351  
INVERNESS FL 34451-2351  
US

Mailing Address

PO BOX 2351  
INVERNESS FL 34451-2351  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**04/03/1970**

4. FEI Number

**59-2472922**

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

9. Name and Address of Current Registered Agent

**ROGERS, MARK R.**  
**831 SWEET PINE PT.**  
**INVERNESS FL 34452**

10. Name and Address of New Registered Agent

81 Name

**Wanda McClellan**

82 Street Address (P.O. Box Number is Not Acceptable)

**1536 S. Hillock Terrace**

83

84 City

**Inverness**

**FL**

85 Zip Code

**34452**

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

*Wanda McClellan* **Wanda McClellan** **1/5/99**

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 **ROGERS, MARK R.**  
STREET ADDRESS **831 N. SWEET PINE PT.**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **TD** ☒ DELETE  
NAME **BENNETT, BART**  
STREET ADDRESS **8614 E. AQUARUS DR.**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **SD** ☒ DELETE  
NAME **BOYAJAN, PEGGY**  
STREET ADDRESS **584 E. KNIGHTSBRIDGE PLACE**  
CITY-ST-ZIP **LECANTO FL**

TITLE **VD** ☒ DELETE  
NAME **HANLON, LARRY**  
STREET ADDRESS **3815 S. SUSAN PT.**  
CITY-ST-ZIP **INVERNESS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P.D.** ☒ Change ☒ Addition  
1.2 NAME **Wanda McClellan**  
1.3 STREET ADDRESS **1536 S. Hillock Terrace**  
1.4 CITY-ST-ZIP **Inverness, FL 34452**

2.1 TITLE **T.D.** ☒ Change ☒ Addition  
2.2 NAME **Ed Lattin**  
2.3 STREET ADDRESS **2575 S. Zellner Drive**  
2.4 CITY-ST-ZIP **Inverness, FL 34450**

3.1 TITLE **S.D.** ☐ Change ☒ Addition  
3.2 NAME **Sherri De Carlo**  
3.3 STREET ADDRESS **5322 East Peartice Lane**  
3.4 CITY-ST-ZIP **Inverness, FL 34452**

4.1 TITLE **VD** ☐ Change ☒ Addition  
4.2 NAME **John Sattmarsh**  
4.3 STREET ADDRESS **5454 S. Utopia Terrace**  
4.4 CITY-ST-ZIP **Inverness, FL 34450**

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

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

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:

*Ed Lattin* **Ed Lattin** **1/5/99** **(352)344-3589**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)