

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90075 018 ****61.25

DOCUMENT # 718140

1. Entity 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**

94044283



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2472922

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IGLESIAS, HENRY
6304 E URBAN LN
FLORAL CITY, FL 34436**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME IGLESIAS, HENRY
STREET ADDRESS PO BOX 2351
CITY-ST-ZIP INVERNESS, FL 34451

TITLE VD ☒ Delete
NAME SMITH, CLINT
STREET ADDRESS PO BOX 2351
CITY-ST-ZIP INVERNESS, FL 34451

TITLE J ☒ Delete
NAME ACKER, CHRIS
STREET ADDRESS PO BOX 2351
CITY-ST-ZIP INVERNESS, FL 34451

TITLE SD ☐ Delete
NAME SENIEN, JENNIFER
STREET ADDRESS PO BOX 2351
CITY-ST-ZIP INVERNESS, FL 34451

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME MIKE RICHIE
STREET ADDRESS 3175 E Rotor Path
CITY-ST-ZIP Inverness FL 34450

TITLE TREASURER ☐ Change ☒ Addition
NAME MARY PARSONS
STREET ADDRESS 2155 S Lake Spivey Pt
CITY-ST-ZIP Inverness FL 34450

TITLE SECRETARY ☒ Change ☐ Addition
NAME JENNIFER JENSEN
STREET ADDRESS 3581 S APOKA AVE
CITY-ST-ZIP INVERNESS FL 34452

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 637-9693