PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM





FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State -DIVISION OF CORPORATIONS

DOCUMENT #

720814

1. Corporation Name

ARLINGTON LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

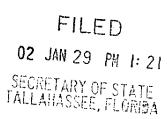
6350 FT CAROLINE RD PO BOX 8223 JACKSONVILLE FL 32239

SIGNATURE:

6350 FT CAROLINE RD

PO BOX 8223

JACKSONVILLE FL 32239





If above a	addresses are	incorrect in any wa	y line through incorrect	information a	and enter correction below.				
		Address, If Applical	<u> </u>	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			04/27/1971		
City of Charles			Oit & Charles	Oit of Other			5. FEI Number Applied For Net Applied For		
City & State			City & State	City & State			Not Applica		licable
Zip		Country	Zip		Country	6CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee r for a Certificate of S	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	2	Name of Of and/or Dire		3	Street Address of Eac Officer and/or Directo	•	City 4	/ State / Zip	_
PD	FLEMINA, KEVIN CuilliAm E. Doyle			1845 ALHURGT ST 13465 PRINCESS KELLY DR.			JACKSONVILLE FL 92277- 32277		
VD y	DOYLE, WILLIAM DONG BUSCHER			18485 ARINESS KELLY DR. 7406 MAPLE TREE DR.		JACKSONVILLE FL 3 2225			
SD	RYDER, TERRI LANDA OGIN			4312 FERN CREEK DR C/O/ KAINFACE AD.			JACKSONVILLE FL 32277 3227		
TD	TO BOULIER, LYNN_GREG SOTILE			HIBS LANDS END IN-			JACKSONVILLE FL 32277		
D	McCu	relieur,	GENE, I,	254	O CORGRANA	<i></i>	TARCONITE,	FC.3421/1	
-			ratelaer	178	76 :	20	-02/05/02		
	8. Nan	हिंस्त स्थापक इ ०	CIME IN LANGE AND	and:		9. Name and A	Address of New Register	ed Agent	
LIFFLE-LEAGUE BASEBALL- Name Ui/liAm E. Street Address (P.O_Box N							- / / - /	CUIRE	
LIFFLE LEAGUE DR.					2002 South side Blod.				
ST. PETERSBURG FL					Suite, Apt. #, Etc.				
					City	DVII/E		ate Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.									
		//	6/						}
Signature of Registered Agent Date 1/31/02 REGISTERED AGENT MUST SIGN									
this rein owed by	statement app y the corporati	dication, the reaso on have been paid	the receiver or trustee e n for dissolution has beel and the names of jodyi	mpowered to eliminated, duals listed o	o execute this application as the corporate name satisfies on this form do not qualify for legal effect as if made unde	the requirements an exemption und	of section 607.0401 or 61	7.0401, F.S., that all fe	es