

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 # 725076 (4)

1. Corporation Name

SULPHUR SPRINGS LITTLE LEAGUE INC



Principal Place of Business

~~6001 N 22ND ST~~ 2313 E. Yukon  
TAMPA FL 33604  
US

Mailing Address

P.O. BOX 82083  
TAMPA FL 33682  
US

3. Date Incorporated or Qualified  
12/11/1972

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2313 E. Yukon

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
same

27 City & State  
same

24 Zip  
same

25 Country  
Hillsborough

29 Zip  
same

30 Country  
same

4. FEI Number

59-2972902

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

10. Name and Address of New Registered Agent

KENNING, PENNY  
8712 N 48TH STREET  
TAMPA FL 33617

81 Name

Kathleen Zimmer

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

1712 E. 97th Avenue

83

84 City

Tampa

FL

85 Zip Code

33612

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

Kathleen Zimmer

(NOTE: Registered Agent signature required when reinstating)

2/3/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME KENNING, PENNY  
STREET ADDRESS 8712 N 48TH STREET  
CITY-ST-ZIP TAMPA FL

TITLE VD ☒ DELETE  
NAME DEMPSEY, DEBORAH  
STREET ADDRESS 327 W JEAN STREET  
CITY-ST-ZIP TAMPA FL

TITLE T ☒ DELETE  
NAME DEMPSEY, DEBORAH  
STREET ADDRESS 327 W JEAN ST  
CITY-ST-ZIP TAMPA FL

TITLE S ☒ DELETE  
NAME LEWIS, ELIZABETH R  
STREET ADDRESS 1707 E. ANNONA AVENUE  
CITY-ST-ZIP TAMPA 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 PD ☐ Change ☒ Addition  
1.2 NAME Kathleen Zimmer  
1.3 STREET ADDRESS 1712 E. 97th Avenue  
1.4 CITY-ST-ZIP TAMPA FL 33612

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Bernice Richardson  
2.3 STREET ADDRESS 1815 Humphrey  
2.4 CITY-ST-ZIP TAMPA FL 33604

3.1 TITLE SD ☐ Change ☒ Addition  
3.2 NAME Deborah Estep  
3.3 STREET ADDRESS 2325 Liberty  
3.4 CITY-ST-ZIP TAMPA FL 33612

4.1 TITLE TD ☐ Change ☒ Addition  
4.2 NAME Nista Adams  
4.3 STREET ADDRESS 10218 Altman Street  
4.4 CITY-ST-ZIP TAMPA, FL 33612

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Russell Baldwin  
5.3 STREET ADDRESS 4201 S. Sandalwood Circle  
5.4 CITY-ST-ZIP TAMPA FL 33617

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME Annette McIntosh  
6.3 STREET ADDRESS 10212 N. 28th Street  
6.4 CITY-ST-ZIP TAMPA FL 33612

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:

Kathleen Zimmer

2/3/96

Date

Daytime Phone #

CR2E037 (12/95)