

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
OUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 30 1998 8:00am<sup>8</sup>  
Secretary of State

DOCUMENT # 725076

(4)

1. Corporation Name

SULPHUR SPRINGS LITTLE LEAGUE INC



Principal Place of Business

Mailing Address

2313 EAST YUKON  
TAMPA FL 33604  
US

P.O. BOX 82312  
TAMPA FL 33682  
US

3. Date Incorporated or Qualified

12/11/1972

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ZIMMER, KATHLEEN  
1712 EAST 97TH AVENUE  
TAMPA FL 33612

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 *Kathleen Zimmer*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ZIMMER, KATHLEEN  
STREET ADDRESS 1702 EAST 97TH AVENUE  
CITY-ST-ZIP TAMPA FL 33612 (D)

TITLE VD ☒ DELETE

NAME RICHARDSON, BERNICE  
STREET ADDRESS 1818 HUMPHREY  
CITY-ST-ZIP TAMPA FL 33604

TITLE SD ☒ DELETE

NAME ESTEP, DEBORAH  
STREET ADDRESS 2328 LIBERTY  
CITY-ST-ZIP TAMPA FL 33612

TITLE TD ☐ DELETE

NAME ADAMS, MISTA  
STREET ADDRESS 10213 ALTMAN STREET  
CITY-ST-ZIP TAMPA FL 33612 (D)

TITLE D ☒ DELETE

NAME BALDWIN, RUSSELL  
STREET ADDRESS 4201 S. SANDALWOOD CIRCLE  
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☒ DELETE

NAME MCINTOSH, ANNETTE  
STREET ADDRESS 10212 N. 28TH STREET  
CITY-ST-ZIP TAMPA FL 33612

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME Ralph Rogers  
1.3 STREET ADDRESS 8505 N 28TH STREET  
1.4 CITY-ST-ZIP TAMPA, FL 33612 (D)

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME Shelly MUNDY  
2.3 STREET ADDRESS 1710 E 97TH AVE  
2.4 CITY-ST-ZIP TAMPA FL 33612 (D)

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Tracy Adams  
3.3 STREET ADDRESS 10213 Altman  
3.4 CITY-ST-ZIP TAMPA FL 33612 (D)

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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.

SIGNATURE:

*Kathleen Zimmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/98

813  
920-7325

CR2E037 (5/98)