

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY - 1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **734560** (6)
 1. Corporation Name
SKYWAY PARK LITTLE LEAGUE, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 260398 TAMPA FL 33685 **POST OFFICE BOX 260398 TAMPA FL 33685**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **12/10/1975** 3a. Date of Last Report **03/15/1994**
 4. FEI Number **52-1225447** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under Ch. 109.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**STEWART, MARTIN E.
 8321 FOUNTAIN AVENUE
 TAMPA FL 33615**

10. Name and Address of New Registered Agent
 81 Name **Elaine Rodriguez**
 82 Street Address (P.O. Box Number is Not Acceptable) **7609 W. Powhatan**
 83
 84 City **TAMPA** FL 85 Zip Code **33615**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Hansel R. Costa de Rodriguez* DATE: 5-1-95
(Signature, typed or printed name of registered agent and title if applicable) (Typed Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORRELL, PAUL
STREET ADDRESS	9071 ELLIOTT CIR
CITY - ST - ZIP	TAMPA FL
TITLE	VD
NAME	BIDDLE, KEN
STREET ADDRESS	9208 ROUNDWOOD
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	KEETON, BELITA
STREET ADDRESS	4920 STALLS AVE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	BROWN, KATHY
STREET ADDRESS	8721 SUMMERSWORTH PL
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	WILSON, JOE A
STREET ADDRESS	6717 WILLOW SPRING CT
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elaine Rodriguez	
1.3 STREET ADDRESS	7609 W. Powhatan	
1.4 CITY - ST - ZIP	Tampa, FL 33615	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Laura Mroczko	
2.3 STREET ADDRESS	4423 Carlyle Rd	
2.4 CITY - ST - ZIP	Tampa FL 33615	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Burr	
3.3 STREET ADDRESS	3947 Dorol Dr	
3.4 CITY - ST - ZIP	Tampa, FL 33634	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elaine Mitchell	
4.3 STREET ADDRESS	7910 W. Hanna	
4.4 CITY - ST - ZIP	Tampa FL 33615	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kathy Brown	
5.3 STREET ADDRESS	8721 Somersworth Place	
5.4 CITY - ST - ZIP	Tampa, FL 33634	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(a), 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: *Kathy A Brown* DATE: 4-17-95 (813) 223-9300
(Signature and typed or printed name of signing officer or director) (Date) (Typed Phone #)