

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

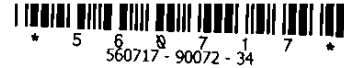
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FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

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



Principal Place of Business: SKYWAY PARK, POST OFFICE BOX 260398, TAMPA FL 33634, US  
 Mailing Address: POST OFFICE BOX 260398, TAMPA FL 33685



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1975	
21		26		4. FEI Number 52-1225447	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		Applied For Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>BURR, ROBERT 3947 DORAL DRIVE TAMPA FL 33634</b>				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				FL	
83.					
84. City					

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	NAME: MARTIN, LAURIE	1.1 TITLE: <del>P</del>	1.2 NAME: <del>LAURIE O'BORN</del>
STREET ADDRESS: 9102 TEIFORD COURT	CITY-ST-ZIP: TAMPA FL 33615	1.3 STREET ADDRESS: <del>4507 BREISER STREET</del>	1.4 CITY-ST-ZIP: <del>TAMPA, FL 33615</del>
TITLE: TDD	NAME: BURR, ROBERT	2.1 TITLE: TDD, D	2.2 NAME: BURR, ROBERT
STREET ADDRESS: 3947 DORAL DRIVE	CITY-ST-ZIP: TAMPA FL	2.3 STREET ADDRESS: 3947 DORAL DRIVE	2.4 CITY-ST-ZIP: TAMPA FL 33634
TITLE: VD	NAME: GIMBERT, ALLISON	3.1 TITLE: <del>SP, P, D</del>	3.2 NAME: <del>LISA CARAGALLO</del>
STREET ADDRESS: 4811 BAY CREST DRIVE	CITY-ST-ZIP: TAMPA FL 33634	3.3 STREET ADDRESS: <del>6510 LOS ALTOS WAY</del>	3.4 CITY-ST-ZIP: <del>TAMPA, FL 33615</del>
TITLE: PDD	NAME: BROWN KATHY,	4.1 TITLE: V, D	4.2 NAME: HORNE, BARBARA
STREET ADDRESS: 8721 SOMERSWORTH PLACE	CITY-ST-ZIP: TAMPA FL 33634	4.3 STREET ADDRESS: 9514 W. HAMILTON AVE	4.4 CITY-ST-ZIP: TAMPA, FL 33615
TITLE: [Blank]	NAME: [Blank]	5.1 TITLE: [Blank]	5.2 NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.3 STREET ADDRESS: [Blank]	5.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: [Blank]	6.2 NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.3 STREET ADDRESS: [Blank]	6.4 CITY-ST-ZIP: [Blank]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: ROBERT BURR DATE: 4/24/99 TELEPHONE: (813) 870-8751

CR2E037 (11/98)