

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

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**FILED**  
**Jul 29 1998 8:00am**  
**Secretary of State**

**DOCUMENT # 739127**

**(9)**

1. Corporation Name

**LUTZ LITTLE LEAGUE, INC.**

Principal Place of Business

Mailing Address

FERN RD & CROOKED LN CORNER OF LUTZ LK  
770 LUTZ LK FERN RD  
LUTZ FL 33549  
US

FERN RD & CROOKED LN CORNER OF LUTZ LK  
P.O. BOX 63  
LUTZ FL 33549

3. Date Incorporated or Qualified

**05/20/1977**

4. FEI Number

**59-1770812**

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAY, DAVID**  
**19263 BLOUNT ROAD**  
**LUTZ FL 33549**

81 Name

**Carnes, Karen**

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

**18607 San Rio Circle**

83

84 City

**Lutz**

**FL**

85 Zip Code

**33549**

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

**Karen Carnes, Karen Carnes, Treasurer**

**7/19/98**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **MAY, DAVID**  
STREET ADDRESS **19263 BLOUNT ROAD**  
CITY-ST-ZIP **LUTZ FL**

TITLE **VPD** ☐ DELETE

NAME **CARNES, MARK**  
STREET ADDRESS **18607 SAN REMO**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **SD** ☐ DELETE

NAME **GRAHAM, VERLA**  
STREET ADDRESS **19518 DEERLAKE ROAD**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **TD** ☒ DELETE

NAME **WHITE, FRED**  
STREET ADDRESS **1108 BALLINGER DRIVE**  
CITY-ST-ZIP **LUTZ FL 33549**

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 **P** ☐ Change ☒ Addition

1.2 NAME **Laughney, Jill**  
1.3 STREET ADDRESS **3501 Saddle Back Lane**  
1.4 CITY-ST-ZIP **Lutz, FL 33549**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME **Carnes, Karen**  
4.3 STREET ADDRESS **18607 San Rio Circle**  
4.4 CITY-ST-ZIP **Lutz, FL 33549**

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:

**Karen Carnes, Karen Carnes**

**7/19/98**

**(813) 615-1818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

200000

CR2E037 (5/98)