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**Mar 02, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 739127**

1. Corporation Name

**LUTZ LITTLE LEAGUE, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

**CARNES, KAREN  
18607 SAN RIO CIRCLE  
LUTZ FL 33549**

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

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 **LAUGHNEY, JILL**  
STREET ADDRESS **3521 SADDLE BACK LANE**  
CITY-ST-ZIP **LUTZ FL 33549**

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 **CARNES, KAREN**  
STREET ADDRESS **18607 SAN RIO CIRCLE**  
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 **Jeff Bruening**  
1.3 STREET ADDRESS **18118 US Hwy 41 Lot 74A**  
1.4 CITY-ST-ZIP **Lutz, FL 33549**

2.1 TITLE **VPD** ☒ Change ☐ Addition  
2.2 NAME **Lloyd Graham**  
2.3 STREET ADDRESS **19518 Deerlake Rd**  
2.4 CITY-ST-ZIP **Lutz, FL 33549**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **Frances Watts**  
3.3 STREET ADDRESS **18610 San Rio Cir**  
3.4 CITY-ST-ZIP **Lutz, FL 33549**

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, with all other like empowered.

SIGNATURE:

**Katherine Harris** **Karen Carnes** **2/8/99** **813/615-1819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)