FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 7:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **750136** **(4)**

1. Corporation Name

TICE-EAST FORT MYERS LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
18770 OLD BAYSHORE RD NORTH FT MYERS FL 33917	13231 IDYLWILD FARM RD. FT. MYERS FL 33905 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1979
3a. Date of Last Report: 08/01/1994
4. FEI Number: 59-2018950 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 851 Marsh Avenue	26 P.O. Box 51475
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip / County 24 33905 / 25 Lee	Zip / County 29 33905 / 30 Lee

9. Name and Address of Current Registered Agent

HENDRIX, DONNA
13231 IDYLWILD FARM RD.
FT. MYERS FL 33905

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	PARISH, ROB	12 NAME	Jim Simmons	
STREET ADDRESS	400 RIBBON COURT	13 STREET ADDRESS	857 Polk Street	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	Ft. Myers, FL 33905	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	ACUFF, DWAYNE	22 NAME	David Fox	
STREET ADDRESS	12326 FIRST ST SE	23 STREET ADDRESS	3108 Palm Bch. Blvd	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	Fort Myers, FL 33916	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	HENDRIX, DONNA	32 NAME	Norma Hansen	
STREET ADDRESS	13231 IDYLWILD FARM RD.	33 STREET ADDRESS	1509 SW 14th Terrace	
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	Cape Coral, FL 33991	
TITLE		41 TITLE	SD	☐ Change ☒ Addition
NAME		42 NAME	Penny Phillips	
STREET ADDRESS		43 STREET ADDRESS	14301 Bigelow Road	
CITY-ST-ZIP		44 CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Donna Hendrix 04/27/95 (813)694-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000933B