

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED  
Sep 18 1997 8:00am  
Secretary of State

DOCUMENT # **751636** (2)  
1. Corporation Name

**EAST POINT LITTLE LEAGUE OF MANGO, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 127 P.O. BOX 127  
MANGO FL 33550 MANGO FL 33550

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
**03/20/1980** **09/11/1996**

4. FEI Number Applied For  
**52-1225450** 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALL, JERRY L**  
**1803 DANA COURT**  
**BRANDON FL 33510**

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 ☐ DELETE  
NAME **PD SUGGS, MARY**  
STREET ADDRESS **1810 LENNA AVE**  
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ DELETE  
NAME **VD SALVAGGIO, SAM**  
STREET ADDRESS **502 SPORTSMAN PARK DRIVE**  
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ DELETE  
NAME **TD BALL, JERRY L**  
STREET ADDRESS **1803 DANA COURT**  
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒ Change ☐ Addition  
1.2 NAME **PD Williams, Kim**  
1.3 STREET ADDRESS **1216 Citrus Hill Court**  
1.4 CITY-ST-ZIP **Seffner, FL 33584**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VD Naves, Paul**  
2.3 STREET ADDRESS **1617 Dogwood Lane**  
2.4 CITY-ST-ZIP **Brandon, FL 33510**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 do 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

9/18/97

CR2E037 (4/97)