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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:48

DOCUMENT # 752460 (6)

1. Corporation Name

ST. JOHN'S RIVER LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
RT 2 BOX 960 161 CARRIER ROAD CRESCENT CITY FL 32112	RT 2 BOX 960 161 CARRIER ROAD CRESCENT CITY FL 32112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3074260 ☐ 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 S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Star Rt. 1 Box 76	26 Star Rt. 1 Box 76
Suite, Apt. #, etc. 22 Lakeview Drive	Suite, Apt. #, etc. 27 Lakeview Drive
City & State 23 Crescent City Fl.	City & State 28 Crescent City Fl.
Zip / County 24 32112 / 25 Putnam	Zip / Country 29 32112 / 30 Putnam

9. Name and Address of Current Registered Agent

NEWBOLD, WILLIAM S III
161 CARRIER ROAD
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name: Kathryn E. Palmer
82 Street Address (P.O. Box Number is Not Acceptable): Lakeview Drive
83
84 City: Crescent City Florida FL 85 Zip Code: 32112

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: KATHRYN E. PALMER Kath E. Palm PRESIDENT 6-1-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PALMER, KATHRYN	12 NAME	
STREET ADDRESS	412 LAKE STREET	13 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	FRENCH, LEE ANN	22 NAME	
STREET ADDRESS	108 BETSY ROSS PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	BIGELOW, DENISE	32 NAME	
STREET ADDRESS	HOOT OWL ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	NEWBOLD III, WILLIAM S.	42 NAME	
STREET ADDRESS	161 CARRIER ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, JOSEPH A.	52 NAME	
STREET ADDRESS	3RD STREET	53 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MILLARD, RON	62 NAME	
STREET ADDRESS	HWY. 17 & EWERS ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	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: KATHRYN E. PALMER Kath E. Palm PRESIDENT 6-1-95 904-698-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031202