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

DOCUMENT #

(0)

NORTH LAUDERDALE BASEBALL LEAGUE, INC.

Principal Place of Business Mailing Address

FILED Sep 03 1997 8:00am Secretary of State



Timolpui Tido	o or positioss	Maining Madross						
7202 FOREST BLVD. 7202 FOREST BLVD.								
N. LAUD. FL FL 33068 N. LAUD. FL 33					DO NOT WRITE I	DO NOT WRITE IN THIS SPACE		
		03			 Date Incorporated or Qualified 04/23/1982 	3a. Date of Last Report 12/19/1996		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	12,10,	Applied For	
<u> </u>	SW 7310 AVE	— •			10-0286500	_	Not Applicable	
	te, Apt. #, etc. Suite, Apt. #, etc.					¬ \$8.	75 Additional	
27					5. Certificate of Status Desired		e Required	
City & State City & State					6. Election Campaign Financing	\$5	.00 May Be	
23 N. LA	AUDENDALE FL 28 N. LAUDGHOALE FL				Trust Fund Contribution		ded to Fees	
Zip	Country	Zip Coun		•	8. This corporation owes or has paid the current year Intangible			
24 3300				SA Personal Property Tax due June 30. Yes 💹 No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
OFOOLIFO MILLIAM				Name				
SESSNER, WILLIAM				2 Street Address (P.O. Box Number is Not Acceptable)				
6537 BLVD OF CHAMPIONS NORTH LAUDERDALE FL 33068				 				
NORTH			83	1				
	ingerod (grower of		84	City		85	Zip Code	
44 Durawant	The state of the s	and 617 1500. Florida Ctat.	too the shor	n named	Languagian automita this statement for the	FL °°	nu la un plata and	
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.								
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 Mennicable (NO	TE: Registered Ar	n deorsia toes	e required when reinstating)	DATE		
12.	OFFICERS AND		13.	on agricult	ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE	P	DELETE	1.1 TITLE			☐ Cha		
NAME	Sessner, William	1.2 N						
STREET ADDRESS	6537 BLVD OF CHAMPIONS 138		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	N I ALIDEDDALE EL 22000		1.4 CITY-	ST-ZIP			İğ	
TITLE	VO	DELETE 2.1 TI			טע	≥ Cha	nge ☐ Addition Z	
NAME	BANFALVY, ERNIE 22h		2.2 NAME		Charles Costanzo	,		
STREET ADDRESS	1739 N.W. 80 AVENUE, #A		2.3 STREE	T ADDRESS	10871 Pelm 12.0198 L1	n ·		
CITY-ST-ZIP	N. LAUDERDALE FL		2. 4 CITY-	ST-ZIP	Charles Coston 20 10871 Pelm Ridge Li Tum Fla 33351			
TITLE			3.1 TITLE		1 SD	∑ Cha	nge Addition	
NAME	Wedgewood, Karen		3.2 NAME		CHRISTINE WINTLE	,	1	
STREET ADDRESS	700 SW 76 TERRACE		3.3 STREE	T ADDRESS	8231 S.W. 65T			
CITY-ST-ZIP	N. LAUDERDALE FL		3.4. CITY-	ST-ZIP	Niaud Fla 33	3068		
TITLE	10	DELETE	4.1 TITLE		TD	∠ Cha	nge 🔲 Addition	
NAME	SAMPSON, NANCY		4. 2 NAME		KENNEDY, BRIAN R.			
STREET ADDRESS	7202 FOREST BLVD.		4.3 STREE	T ADDRESS	1251 SW 73MD AVE			
CITY-ST-ZIP	N. LAUDERDALE FL		4.4 CITY-	ST-ZiP	N. LAUDERDALE FL 33068	_		
TITLE	SD	☐ DELETE	5.1 TITLE		,	☐ Cha	nge 🔲 Addition	
NAME	TUCEK, GARY		5.2 NAME					
STREET ADDRESS	520 SW 73 AVENUE		5.3 STREE	T ADDRESS		•		
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		5.4 CłTY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge Addition	
NAMÉ	180°		6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			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 if changed, or on an attachment with an address.