

# F020000001149

## TRANSMITTAL LETTER

TO: Qualification/Registration Section  
Division of Corporations

2/27

MLH

SUBJECT: LILLIAN SPORTS ASSOCIATION INC.  
(Name of Corporation)

FOR NP Corp.

100005023691--7  
-02/27/02--01047--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

DENIS POWERS  
(Name of Person)  
LILLIAN SPORTS ASSOCIATION INC.  
(Firm/Company)  
1373 CANEY LOOP  
(Address)  
LILLIAN AL 36549  
(City, State and Zip Code)

02 FEB 27 PM 3:22  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DENIS POWERS at ( 251 ) 961 - 1235  
(Name of Person) Area Code & Daytime Telephone Number

**STREET ADDRESS:**  
Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR  
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR  
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. LILLIAN SPORTS ASSOCIATION, INC.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. ALABAMA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 15, 1994 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. MARCH 4, 2002  
(Date corporation first conducted Affairs in Florida -  
See sections 617.1501, 617.1502, and 817.155, F.S.)
7. P.O. BOX 971  
LILLIAN AL 36549  
(Current mailing address)
8. TO RECEIVE AND ADMINISTER FUNDS FOR YOUTH ACTIVITIES  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

**9. Name and street address of Florida registered agent:**

Timothy W. Bottomley (The Shop) 2/14/02  
(Name)  
8326 Lillian Highway  
(Office address)  
Pensacola, Florida, 32506  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Timothy W. Bottomley  
(Registered agent's signature)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: DENIS POWERS

Address: 1373 CANEY LOOP

LILLIAN AL 36549

Vice President: ELMER COVERT

Address: 34162 BARCLAY AVE. LILLIAN AL 36549

LILLIAN AL 36549

Secretary: CHERYL POWERS

Address: 1373 CANEY LOOP LILLIAN AL 36549

Treasurer: DOREEN BAY

Address: 1570 PENSACOLA DR LILLIAN AL 36549

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Denis Powers

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

DENIS POWERS - PRESIDENT

(Typed or printed name and capacity of person signing application)

# STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Lillian Sports Association, Inc. incorporated in Baldwin County, Lillian, Alabama on March 15, 1994. I further certify that the records do not disclose that said Lillian Sports Association, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

February 19, 2002

Date

A handwritten signature in cursive script, reading "Jim Bennett", is written over a horizontal line.

Jim Bennett

Secretary of State