

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N00039 (0)

1. Corporation Name

PINELLAS PARK AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

4100 66TH AVE. N.  
P.O. BOX 1942  
PINELLAS PARK FL 34665

4100 66TH AVE. N.  
P.O. BOX 1942  
PINELLAS PARK FL 34665

95 AUG 27 PM 3:33

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



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\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Place of Business

2a. Mailing Address

21 4100 66TH AVE N

26 PO Box 1942

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PINELLAS PARK, FL

28 PINELLAS PARK, FL

Zip

Country

Zip

Country

24 33781

25 USA

29 33780

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, LUIS  
3981 87TH AVE NORTH  
PINELLAS PARK FL 34665

81 Name JON BORGESON  
82 Street Address (P.O. Box Number is Not Acceptable)  
4221 71ST AV N  
83  
84 City PINELLAS PARK FL 85 Zip Code 33781

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

*Jon Borgeson*

JON BORGESON

PRESIDENT

8-4-96

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	CRUZ, LUIS	
STREET ADDRESS	3981 87TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BORGESON, CHRISANNE	<i>change address</i>
STREET ADDRESS	4221 71ST AVE NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BORGESON, JON	<i>change position</i>
STREET ADDRESS	4221 71ST AVE N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TENNEY, TRACY	
STREET ADDRESS	3311 56TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LUTZE, LARAE	
STREET ADDRESS	3198 56TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PCD	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JON BORGESON		
13 STREET ADDRESS	4221 71ST AVENUE		
14 CITY-ST-ZIP	PINELLAS PARK, FL 33781		
21 TITLE	TD	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CHRISANNE BORGESON		
23 STREET ADDRESS	4221 71ST AVENUE		
24 CITY-ST-ZIP	PINELLAS PARK, FL 33781		
31 TITLE	VP	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROXANNE BOHANN		
33 STREET ADDRESS	5427 68TH LANE		
34 CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
41 TITLE	D	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BUD TOMKINSON		
43 STREET ADDRESS	5531 64TH AVE N		
44 CITY-ST-ZIP	PINELLAS PARK, FL 33781		
51 TITLE	S	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LUCY SULLIVAN		
53 STREET ADDRESS	5821 90TH AVENUE		
54 CITY-ST-ZIP	PINELLAS PARK, FL 33782		
61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
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)(k), 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:

*Jon Borgeson*  
JON BORGESON / PRESIDENT

7-12-96

(813) 522-6335

Date

Daytime Phone #

0015480

CR-037 (3/96)