

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90053 030 ****61.25

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DOCUMENT # N00039

1. Corporation Name

PINELLAS PARK AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business

4100 66TH AVE. N.
PINELLAS PARK FL 34665

Mailing Address

P.O. BOX 1942
PINELLAS PARK FL 33780



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/22/1983

4. FEI Number

65-0012289

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

9. Name and Address of Current Registered Agent

BORGESON, JON
4221 71ST AVENUE NORTH
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

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.

JON BORGESON PRESIDENT

1-7-99.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE
NAME **BORGESON, JON**
STREET ADDRESS **4221 71ST AVENUE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **TD** ☐ DELETE
NAME **ANDRIX, JOHN**
STREET ADDRESS **1460 87TH AVE N**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **VPD** ☒ DELETE
NAME **BOHAN, ROXANNE**
STREET ADDRESS **5427-D 60TH LANE N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VPD** ☐ DELETE
NAME **BLOWERS, MIKE**
STREET ADDRESS **6881 44TH ST N**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **SSD** ☒ DELETE
NAME **SERGEANT, SHELLY**
STREET ADDRESS **6722 WOODLAND BLVD N**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **TR** ☐ DELETE
NAME **TOMLINSON, BUD**
STREET ADDRESS **5531 64TH AVE N**
CITY-ST-ZIP **PINELLAS PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **TENNEY, TRACY**
3.3 STREET ADDRESS **3311 56TH AVENUE**
3.4 CITY-ST-ZIP **ST. PETERS, FL 33714**

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 **S.D. Cynthia Andrix**
5.3 STREET ADDRESS **4160 67th Ave. N.**
5.4 CITY-ST-ZIP **Pinellas Park FL 33781**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99

522-1033

CR2E037 (11/98)