FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00118 (2)

1. Corporation Name
DUNEDIN NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2061 DUNEDIN FL 34697-2061	POST OFFICE BOX 2061 DUNEDIN FL 34697-2061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1983
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2345115 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FRAZER, JOHN P. (ESQUIRE)
C/O FRAZER, HUBBARD & BRANDT
595 MAIN ST.
DUNEDIN FL 34698

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SPARKS, ROBERT	12 NAME	
STREET ADDRESS	1866 DELORO CT	13 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HAIGLEY, RICHARD	22 NAME	200001517272
STREET ADDRESS	2350 ARMOUR DR	23 STREET ADDRESS	-06/20/95--01047--008
CITY-ST-ZIP	DUNEDIN FL 34698	24 CITY-ST-ZIP	*****68.75 *****68.75
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DUNCAN, YVONNE	32 NAME	
STREET ADDRESS	460 DINNERBELL LA	33 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	CROWDER, JUDY	42 NAME	
STREET ADDRESS	1444 NOEL BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	BANKS, DONNA	52 NAME	Vicki Evans
STREET ADDRESS	1369 LOTUS DR. N.	53 STREET ADDRESS	1508 Putnam Ct
CITY-ST-ZIP	DUNEDIN FL	54 CITY-ST-ZIP	Dunedin, Fl 34698
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	EVANS, JAMES	62 NAME	Sue Abrams
STREET ADDRESS	14125 SANDALWOOD DR	63 STREET ADDRESS	357 WESTFORD Cir
CITY-ST-ZIP	DUNEDIN FL	64 CITY-ST-ZIP	Palm Harbor, Fl 34683

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: _____ 5/3/95 813-734-1131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084570