

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N00118**

(2)

1. Corporation Name

DUNEDIN NATIONAL LITTLE LEAGUE, INC.

300001821243
-05/14/96--01127--016
*****70.00 *****70.00



Principal Place of Business

Mailing Address

POST OFFICE BOX 2061
DUNEDIN FL 34697-2061

POST OFFICE BOX 2061
DUNEDIN FL 34697-2061

3. Date Incorporated or Qualified
12/01/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPARKS, ROBERT	
STREET ADDRESS	1886 DELORO CT	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAGLEY, RICHARD	
STREET ADDRESS	2350 ARMOUR DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUNCAN, YVONNE	
STREET ADDRESS	460 DINNERBELL LA	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CROWDER, JUDY	
STREET ADDRESS	1444 NOEL BLVD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, VICKI	
STREET ADDRESS	1508 PUTNAM CT.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABRAMS, SUE	
STREET ADDRESS	357 WESTFORD CIR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	

1.1 TITLE	P/B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KAREN NAPOLITANO	
1.3 STREET ADDRESS	990 SAN SALVADOR DR	
1.4 CITY-ST-ZIP	DUNEDIN FL 34698	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHERRIE KITTERMAN	
2.3 STREET ADDRESS	627 HOWELL CT	
2.4 CITY-ST-ZIP	DUNEDIN FL 34698	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Karen Napolitano
KAREN NAPOLITANO

4-18-96

813-736-2176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 10 PM 4:29