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 APR 26 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01101 (7)

1. Corporation Name

INDIAN RIVER COUNTY NATIONAL LITTLE LEAGUE, INCORPORATED

Principal Place of Business	Mailing Address
P. O. BOX 361 VERO BEACH FL 32961 US	P. O. BOX 361 VERO BEACH FL 32961 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1984
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-2424953 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

VITALE, GREGG V.
490 35TH CT. SW
VERO BEACH FL 32968

10. Name and Address of New Registered Agent

81 Name: PAUL M. GENKE
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2096 MAGNOLIA LN.
84 City: VERO BEACH FL 85 Zip Code: 32963

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: PAUL M. GENKE PRESIDENT 4/15/95
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	1.1 TITLE	☑ Change ☐ Addition PD
NAME	VITALE, GREGG	1.2 NAME	PAUL M. GENKE
STREET ADDRESS	490 35TH CT. SW	1.3 STREET ADDRESS	2096 MAGNOLIA LN.
CITY-ST-ZIP	VERO BEACH FL 32968	1.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
TITLE	VD	2.1 TITLE	☑ Change ☐ Addition VD
NAME	GENKE, PAUL	2.2 NAME	RANDY McMILLIAN
STREET ADDRESS	2096 MAGNOLIA LN.	2.3 STREET ADDRESS	2030 CLUB DR.
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL. 32962
TITLE	SD	3.1 TITLE	☑ Change ☐ Addition SD
NAME	WHITE-SPRAGUE, DAWNE	3.2 NAME	VALERIE SIMON
STREET ADDRESS	140 - 24TH AVE.	3.3 STREET ADDRESS	316 14TH AV.
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL. 32962
TITLE	TD	4.1 TITLE	☑ Change ☐ Addition TD
NAME	VITALE, JULI	4.2 NAME	SYLVIA McCULLERS
STREET ADDRESS	490 - 35TH CT., SW	4.3 STREET ADDRESS	2814 2ND AV. S.W.
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH, FL. 32962
TITLE	D	5.1 TITLE	☑ Change ☐ Addition D
NAME	SOSTA, FRANK	5.2 NAME	JIM HANNA
STREET ADDRESS	4280 4TH PLACE	5.3 STREET ADDRESS	719 24TH SQUARE
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	VERO BEACH, FL. 32962
TITLE	D	6.1 TITLE	☑ Change ☐ Addition D
NAME	MCBRATNEY, SUE	6.2 NAME	PETER HAYES
STREET ADDRESS	1565 - 30TH AVE.	6.3 STREET ADDRESS	2044 OCEAN RIDGE CIRCLE
CITY-ST-ZIP	VERO BCH, FL	6.4 CITY-ST-ZIP	VERO BEACH FL. 32963

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 above, or on an attachment with an address.

SIGNATURE: PAUL M. GENKE 4/15/95 407 778-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000172