

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 # N01101 (7)

1. Corporation Name

INDIAN RIVER COUNTY NATIONAL LITTLE LEAGUE, INCORPORATED

Principal Place of Business

Mailing Address

P. O. BOX 381
VERO BEACH FL 32961
US

P. O. BOX 381
VERO BEACH FL 32961
US



3. Date Incorporated or Qualified
01/26/1984

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2424953

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

**GENKE, PAUL M
490 35TH CT. SW
2096 MAGNOLIA LANE
VERO BEACH FL 32963**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD VITALE, GREGG ☒ DELETE

490 35TH CT. SW

VERO BEACH FL 32968

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD MCMILLIAN, RANDY ☒ DELETE

2030 CLUB DRIVE

VERO BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD SIMON, VALERIE ☐ DELETE

315 14TH AVENUE

VERO BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD MCCOLLERS, SULTIA ☒ DELETE

2314 2ND AVENUE SW

VERO BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HANNA, JIM ☐ DELETE

719 24TH SQUARE

VERO BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HAYES, PETER ☐ DELETE

2044 OCEAN RIDGE CIRCLE

VERO BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD Paul M. Genke ☒ Change ☐ Addition

490 35th Ct. SW 2096 Magnolia Lane

VERO BEACH, FL 32963

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

RD Robert D. Strickland ☒ Change ☐ Addition

26th Street

VERO BEACH, FL

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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: *Sylvia McCullers* *Sylvia McCullers* 5-15-96 778-4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)