


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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

P. O. BOX 381
VERO BEACH FL 32961
US

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VITALE, GREGG	
STREET ADDRESS	490 35TH CT. SW	
CITY - ST - ZIP	VERO BEACH FL 32968	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCMILLIAN, RANDY	
STREET ADDRESS	2030 CLUB DRIVE	
CITY - ST - ZIP	VERO BEACH FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIMON, VALERIE	
STREET ADDRESS	315 14TH AVENUE	
CITY - ST - ZIP	VERO BEACH FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCCULLERS, SULVIA	
STREET ADDRESS	2314 2ND AVENUE SW	
CITY - ST - ZIP	VERO BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HANNA, JIM	
STREET ADDRESS	719 24TH SQUARE	
CITY - ST - ZIP	VERO BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYES, PETER	
STREET ADDRESS	2044 OCEAN RIDGE CIRCLE	
CITY - ST - ZIP	VERO BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GENKE, PAUL	
1.3 STREET ADDRESS	2096 Magnolia Lane	
1.4 CITY - ST - ZIP	Vero Beach, FL 32963	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

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, changed, or as an attachment with an address

SIGNATURE:

PAUL M. GENKE Pres 6/17/96 561-978-0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)