

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90014 014 \*\*\*\*61.25

**DOCUMENT # N02000000735**

1. Entity Name  
**NORTHWEST LEON LITTLE LEAGUE, INC.**



Principal Place of Business  
**3250 POINTVIEW DR.  
TALLAHASSEE, FL 32303**

Mailing Address  
**2004 LONGVIEW DRIVE  
TALLAHASSEE, FL 32303**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 180790**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004

Chg-NP

CR2E037 (10/03)

City & State

City & State

**Tal. Fl.**

4. FEI Number

**59-3712318**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32318**

**Leon**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEGO, STEPHANIE  
5726 TALLAPOOSA COURT  
TALLAHASSEE, FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Stephanie Sego, Treasurer**

**Stephanie Sego**

**3/16/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **KIRK, CAROL**  
STREET ADDRESS **2004 LONGVIEW DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **President** ☒ Change ☒ Addition  
NAME **Van Shields**  
STREET ADDRESS **7283 Newfield Dr**  
CITY-ST-ZIP **Tal. Fl. 32303**

TITLE **D** ☒ Delete  
NAME **PRATT, ERIC**  
STREET ADDRESS **2209 AMELIA CT**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Gary Gentry**  
STREET ADDRESS **5008 Susannah Dr.**  
CITY-ST-ZIP **Tal. Fl. 32303**

TITLE **V** ☒ Delete  
NAME **HENDERSON, LARRY**  
STREET ADDRESS **5798 JODPHUR CT**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GILLARD, JIM**  
STREET ADDRESS **2520 HASTING DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **SEGO, STEPHANIE**  
STREET ADDRESS **5726 TALLAPOOSA COURT**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **KIRK, WILLIAM**  
STREET ADDRESS **2004 LONGVIEW DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Stephanie Sego**

**3/16/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #