

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000010116

1. Entity Name
MIRACLE LEAGUE OF FLORIDA, INC.



Principal Place of Business
**4615 GULF BOULEVARD SUITE 201
MADEIRA BEACH, FL 33708**

Mailing Address
**PO BOX 8412
MADEIRA BEACH, FL 33738**



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
76-0806757

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEE, EDWIN A
13200 3RD STREET EAST SUITE 1
MADEIRA BEACH, FL 33708**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEE, EDWIN A
4615 GULF BLVD SUITE 201
ST PETE BEACH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
LEE, LEON T
14018 WEST PARSLEY
MADEIRA BEACH, FL 33708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIKSCH, DIANE
4615 GULF BLVD. SUITE 201
ST. PETE BEACH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000923520
05/16/08-80033-026 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon T. Lee
4/21/08

Date

727-365-4198

Daytime Phone #