# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:31

DOCUMENT # N19304 (7)

1. Corporation Name
CENTRAL LITTLE MAJOR LEAGUE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 109 HAMILTON AVENUE<br>PANAMA CITY FL 32401<br>US | 109 HAMILTON AVENUE<br>PANAMA CITY FL 32401<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1987
3a. Date of Last Report: 04/25/1994
4. FEI Number: NOT APPLICABLE ☐ 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
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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 117 HAMILTON AVE | 26 117 HAMILTON AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 PANAMA CITY | 27 PANAMA CITY |
| City & State | City & State |
| 23 Florida | 28 Florida |
| Zip / Country | Zip / Country |
| 24 32401 / 25 US. | 29 32401 / 30 US. |

9. Name and Address of Current Registered Agent

HUSBANDS, JIM
109 HAMILTON AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 117 HAMILTON AVE.
83
84 City: FL 85 Zip Code

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: Jim Husbands Jim Husbands — 1-24-95
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 | P | 1.1 TITLE | P Jim Husbands | ☒ Change ☐ Addition |
| NAME | KING, TOM | 1.2 NAME | 117 Hamilton Ave | |
| STREET ADDRESS | 106 BUNKERS COVE ROAD | 1.3 STREET ADDRESS | Panama City FL 32401 | |
| CITY-ST-ZIP | PANAMA CITY FL | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | 2.1 TITLE | V P | ☒ Change ☐ Addition |
| NAME | CHRISTIAN, CHARLES | 2.2 NAME | D. Ross McCloy, JR | |
| STREET ADDRESS | 222 S. COVE TERRACE | 2.3 STREET ADDRESS | 304 Magnolia Ave | |
| CITY-ST-ZIP | PANAMA CI | 2.4 CITY-ST-ZIP | Panama City FL 32401 | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HUTT, FAYE | 3.2 NAME | | |
| STREET ADDRESS | 907 E 2ND COURT | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL | 3.4 CITY-ST-ZIP | | |
| TITLE | T | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KING, LOU | 4.2 NAME | | |
| STREET ADDRESS | 106 BUNKERS COVE ROAD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BARR, JIMMY | 5.2 NAME | | |
| STREET ADDRESS | 310 BUNKERS COVE RD | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | D Jaimie Spring | ☒ Change ☐ Addition |
| NAME | WINSETT, DAVID | 6.2 NAME | 1102 McKenzie Ave | |
| STREET ADDRESS | 710 OAK AVENUE | 6.3 STREET ADDRESS | Panama City FL 32401 | |
| CITY-ST-ZIP | PANAMA CITY FL | 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)(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 if changed, or on an attachment with an address.

**SIGNATURE:** Jim Husbands — 1-24-95 — 904-785-5471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020380