

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 # N19304

(7)

1. Corporation Name

CENTRAL LITTLE MAJOR LEAGUE, INC.

Principal Place of Business

Mailing Address

117 HAMILTON AVENUE  
PANAMA CITY FL 32401  
US

P.O. Box 12111  
Panama City  
FL. 32401

117 HAMILTON AVENUE  
PANAMA CITY FL 32401  
US



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3. Date Incorporated or Qualified

02/18/1987

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

21 P.O. Box 12111

2a. Mailing Address

26 P.O. Box 12111

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUSBANDS, JIM  
117 HAMILTON AVENUE  
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name Vandergrift, Don  
82 Street Address P.O. Box Number is Not Acceptable  
951 OAK Avenue  
83 or P.O. Box 12111  
84 City Panama City FL 85 Zip Code 32401

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

Don Vandergrift

2/19/96

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	<input type="checkbox"/> DELETE
P	HUSBANDS, JIM	117 HAMILTON AVENUE	PANAMA CITY FL	<input type="checkbox"/>
V	MCCLOY, D. ROSS	304 MAGNOLIA AVENUE	PANAMA CITY FL	<input type="checkbox"/>
SD	HUTT, FAYE	907 E 2ND COURT	PANAMA CITY FL	<input type="checkbox"/>
T	KING, LOU	108 BUNKERS COVE ROAD	PANAMA CITY FL	<input type="checkbox"/>
D	BARR, JIMMY	310 BUNKERS COVE RD	PANAMA CITY FL	<input type="checkbox"/>
D	SPRING, JAMIE	1102 MCKENZIE AVENUE	PANAMA CITY FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President	VANDERGRIFT, DON	P.O. Box 12111 or 951 OAK Avenue	Panama City, FL. 32401	<input checked="" type="checkbox"/>
Vice President	Debra Goines	824 Florida Ave.	Panama City, FL. 32401	<input checked="" type="checkbox"/>
Secretary	DONNA BROWN	526 E. 4th Court	Panama City, FL. 32401	<input checked="" type="checkbox"/>
Treasurer	KATHY SWIGLER	324 BUNKERS COVE RD.	PANAMA CITY, FL. 32401	<input checked="" type="checkbox"/>
Director	AL PRICE	524 Cherry St.	Panama City, FL. 32401	<input checked="" type="checkbox"/>
Director	DON DRAPER	646 Laverne Ave.	Panama City, FL. 32401	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Jim Barr Kathy Swigler Treasurer  
2/24/96 904-785-5471  
PS 06/11/96

CR2E037 (12/95)