FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19304

(7)

CENTRAL LITTLE MAJOR LEAGUE, INC.

FILED	
Feb 18 1997 8:00am	ì
Secretary of State	

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Principal Place	e of Business	Mailing Address				T TOBILION OUT THE INTO 1951) ODDIT EIGH DIGHT TOUR DIDIL OLDER OFFIC BODY
P.O. BOX 12111		P.O. BOX 12111				
PANAMA CITY F		PANAMA CITY FL 32401-9	111			
US		US			·	3. Date Incorporated or Qualified 3a. Date of Last Report 02/18/1987 06/10/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				NOT APPLICABLE Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State	е	City & State				6. Election Campaign Financing \$5.00 May Be
23	Co. who	28	T 00			Trust Fund Contribution Added to Fees
Ζιρ 24	Country	Zip		untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
[24]	25 9. Name and Address of Curre	nt Registered Agent	30	Т		Florida Statutes Li Yes KNo 10. Name and Address of New Registered Agent
	g, Hame and Addiese of Corre	in tionistates whom		81	Name	IV. Hallo and Admines of Heat Indiana Admin
MANDED	ODIET DON					
	GRIFT, DON			82	Street A	ddress (P.O. Box Number is Not Acceptable)
951 OAK				83		
PANAMA	CITY FL 32401					
				84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 617.05	02 and 617 1508 Florida State	ites the	hove	-named o	
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was	authorize	d by	the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. i a	m familiar with, and accept the oblig	gations of, Section 617.0503, I	TORIDA SI	nutes		2/12/07
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable (AK	OTE: Register	ed Age	nt slonature r	equired when reinstating)
12.		NO DIRECTORS	13.	·······		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.13	TITLE		Change Addition
NAME	VANDERGRIFT, DON		1.21	NAME		
STREET ADDRESS	951 OAK AVENUE		1.3 3	STREET	ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL 32401		1.41	CITY-S	I-ZIP	
TITLE	VP	DELETE	21	TITLE		Change Addition
NAME	GOINES, DEBRA		2.2	NAME	1	Walker, Byron
STREET ADDRESS	824 FLORIDA AVEENUE		2.3	STREET	address	3410 MERCEDES AVE
CITY-ST-ZIP	PANAMA CITY FL 32401		2.4	CITY-S	T-ZIP	PAMAMA CIFY, FL
TITLE	SD	DELETE	3.1	FITLE		S Change Addition
NAME	BROWN, DONNA		3.2	NAME		Goines Debra
STREET ADDRESS	526 E 4TH COURT		3.3	STREET	address	Goines Debra 824 Fronida Ave.
CITY-ST-ZIP	PANAMA CITY FL 32401		3.4.	CITY-S	T-ZIP	PANAMA ('ITU FL BEYO'I
TITLE	T	☐ DELETE	4.1	FITLE		Change Addition
NAME	SWIGLER, KATHY		4.2	NAME		
STREET ADDRESS	324 BUNKERS COVE RD		4.3	STREET	address	
CITY-ST-ZIP	PANAMA CITY FL 32401			CITY-S	T-ZIP	
TITLE	D	DELETE		TITLE	-	Change Addition
NAME	PRICE, AL		- 1	NAME	ļ	Kussell, Gree
STREET ADDRESS	524 CHERRY ST		5.3	STREET	address	Russell, GREG 206 N. Cove Blvd. Panama City, FL. 32401
CITY - ST - ZIP	PANAMA CITY FL 32401			CITY-S	T-ZIP	Panama City, FL. 32401
TITLE	D	DELETE		TITLE		hange Addition
NAME	DRAPER, DON	•		NAME		
STREET ADDRESS	626 LUVERNE AVE		6.3	STREET	address	
CITY - ST - ZIP	PANAMA CITY FL 32401		6.4	CITY-S	T-ZIP	

14. I do 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 annual report or supplemental appear report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 I chapter, or on an attachment with an address.

SIGNATURE:

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Daytime Phone # 0009340