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

APPROVED AND FILED

95 APR 19 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19379** **(9)**

1. Corporation Name

NICEVILLE FOOTBALL LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
318 23RD STREET P.O. BOX 62 NICEVILLE FL 32578	318 23RD STREET P.O. BOX 62 NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1987
3a. Date of Last Report: 12/20/1994
4. FEI Number: 59-2845206 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WALKER, MELINDA D.
318 23RD STREET
POST OFFICE BOX 62
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	1.1 TITLE	D	☐ Change ☐ Addition
NAME	WALKER, MELINDA D.	1.2 NAME		
STREET ADDRESS	318 23RD STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	SIMERLY, DEBBIE	2.2 NAME	Linda Mitchell	
STREET ADDRESS	114 CHOCTAW COVE	2.3 STREET ADDRESS	226 Terri Cove	
CITY-ST-ZIP	VALPARAISO FL	2.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	SD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	STEPHENS, KATHY	3.2 NAME	Lori Goodwin	
STREET ADDRESS	115 ROCKY BAYOU DR.	3.3 STREET ADDRESS	2200 Chase Drive	
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE		4.1 TITLE	SD	☒ Change ☐ Addition
NAME		4.2 NAME	Jerald Cook	
STREET ADDRESS		4.3 STREET ADDRESS	1702 DellmontCove	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE		5.1 TITLE	TD	☒ Change ☐ Addition
NAME		5.2 NAME	Linda Bruno	
STREET ADDRESS		5.3 STREET ADDRESS	317 Ruckel Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

4/21

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: Melinda D Walker 30 Mar 95 (904)678-5286
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MelindA D Walker/Director

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