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Feb 17 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20728

(4)

1. Corporation Name

BAY POINT LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

250 MIRROR LAKES DR N
ST. PETERSBURG FL 33701
US

250 MIRROR LAKE DR N
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

2a. Mailing Address

21 5018 Cadiz Way So

26 5018 Cadiz Way So

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 St. Petersburg, FL

27 St. Petersburg, FL

City & State

City & State

23 33712

28 33712

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROOMS, STANLEY N
250 MIRROR LAKE DR N
ST. PETERSBURG FL 33701

81 Name

Reginald Ligon

82 Street Address (P.O. Box Number is Not Acceptable)

83 5201 Central Avenue

84 City

St. Petersburg

FL

85 Zip Code

33701

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

Reginald Ligon
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SMITH, MICHAEL J M.D.
CITY-ST-ZIP 1100 FRIENDLY WAY SOUTH
ST. PETERSBURG FL 33705

TITLE ☐ DELETE

NAME SD
STREET ADDRESS GRAY, SUZANNE
CITY-ST-ZIP 4000 42ND AVE S
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME TD
STREET ADDRESS CROOMS, STANLEY N
CITY-ST-ZIP 1771 SERPENTINE DR. SO.
ST. PETERSBURG FL 33712

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition

Reginald Ligon
5201 Central Ave
St. Petersburg, FL 33701

SD ☒ Change ☐ Addition

Terri Shewmaker
2477 66th Avenue South
St. Petersburg, FL 33712

TD ☒ Change ☐ Addition

Michael S. Fintak
5018 Cadiz Way South
St. Petersburg, FL 33712

☐ Change ☐ Addition

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14. I 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 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:

Michael S. Fintak

2/9/98

813-864-0889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone 8 seconds

CR2E037 (10/97)