

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90111 008 \*\*\*\*61.25

0090355

DOCUMENT # N25074

1. Corporation Name

FORT MYERS AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business

P.O. BOX 6961  
FT. MYERS FL 33911

Mailing Address

P.O. BOX 6961  
FT. MYERS FL 33911



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip

3. Date Incorporated or Qualified

02/26/1988

4. FEI Number

51-0192657

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

9. Name and Address of Current Registered Agent

PULS, WILLIAM  
1705 COLONIAL BLVD  
SUITE A-3  
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name ED CRITTENDEN, RPA  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 2250 FOWLER ST  
84 City FORT MYERS FL 85 Zip Code 33901

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 [Signature] (NOTE: Registered Agent signature required when reinstating)

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

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME OVERHOLSER, DON  
STREET ADDRESS 1755 LINHART AVE.  
CITY-ST-ZIP FT. MYERS FL 33901

TITLE TD  
NAME PULS, WILLIAM  
STREET ADDRESS 1755 LINHART AVE  
CITY-ST-ZIP FT. MYERS FL 33901

TITLE SD  
NAME DUNCAN, GORDON  
STREET ADDRESS 1755 LINHART AVE.  
CITY-ST-ZIP FT. MYERS FL 33901

TITLE VP  
NAME TRAPNELL, JAY  
STREET ADDRESS 1755 LINHART AVE  
CITY-ST-ZIP FT. MYERS FL 33901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)