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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N40263**

(8)

1. Corporation Name

GOLDEN GATE LITTLE LEAGUE, INC.

Principal Place of Business

**GOLDEN GATE COMMUNITY PARK
NAPLES FL 33999
US**

Mailing Address

**P.O. BOX 11136
NAPLES FL 33941-1136**



3. Date Incorporated or Qualified

09/24/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DICKERSON, TERRI
4961 30TH PL. SW.
NAPLES FL 33999**

81 Name

DEBI BOUDREAU

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

2133 45 ST S.W.

83

84 City

NAPLES

FL

85

Zip Code

33999

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]

DEBI BOUDREAU / PRESIDENT 4/27/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

DICKERSON, TERRI

STREET ADDRESS

4961 30TH PL. SW.

CITY-ST-ZIP

NAPLES FL 33999

TITLE

D

NAME

GUBALA, ALBERT

STREET ADDRESS

2950 SW 49TH ST

CITY-ST-ZIP

NAPLES FL

TITLE

D

NAME

SUTTER, STEVE

STREET ADDRESS

4250 22 AVE. SW

CITY-ST-ZIP

NAPLES FL

TITLE

D

NAME

FUNIGELLO, JOE

STREET ADDRESS

5423 1ST NW

CITY-ST-ZIP

NAPLES FL 33999

TITLE

D

NAME

MATULAY, TRISH

STREET ADDRESS

5049 SW 28TH PL

CITY-ST-ZIP

NAPLES FL

TITLE

D

NAME

LEWIS, GREG

STREET ADDRESS

3475 SW 31 AVE

CITY-ST-ZIP

NAPLES FL

1.1 TITLE

P/D

1.2 NAME

DEBI BOUDREAU

1.3 STREET ADDRESS

2133 45 ST S.W.

1.4 CITY-ST-ZIP

NAPLES, FL. 33999

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

D KEN TANNER

5090 10th AVE S.W.

NAPLES, FL. 33999

D MATT HUDSON

321 13th ST. SW

NAPLES, FL. 33999

D PAUL JUKINS

2410 39th ST. SW.

NAPLES, FL 33999

S ANNETTE HOLDEMAN

4654 24th PL. S.W.

NAPLES, FL 33999

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

Date

455-5993

Daytime Phone #

CR2E037 (12/95)