

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N40263** (8)
1. Corporation Name
GOLDEN GATE LITTLE LEAGUE, INC.

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|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business GOLDEN GATE COMMUNITY PARK NAPLES FL 33999 US | Mailing Address P.O. BOX 11136 NAPLES FL 34101-1136 |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|



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|--------------------------------|----|------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/24/1990 | | 3a. Date of Last Report 05/01/1996 | |
| 21 Suite, Apt. #, etc. | 26 | 27 Suite, Apt. #, etc. | | 4. FEI Number 65-0214114 | | Applied For Not Applicable | |
| 22 City & State | 27 | 28 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 | 29 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 | 30 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent BOUDREAU, DEBI 2133 45 ST SW NAPLES FL 33999 | | | | 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 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, 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 | <input type="checkbox"/> DELETE | 1.1 TITLE | 1.1 NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOUDREAU, DEBI | | 1.2 NAME | | | | |
| STREET ADDRESS | 2133 45 ST SW | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | SO | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GUBALA, ALBERT | | 2.2 NAME | TRISH MATULAY | | | |
| STREET ADDRESS | 2950 SW 49TH ST | | 2.3 STREET ADDRESS | 5049 28TH PL SW. | | | |
| CITY-ST-ZIP | NAPLES FL | | 2.4 CITY-ST-ZIP | NAPLES, FL 34116 | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TANNER, KEN | | 3.2 NAME | ROGER ENDEMAKER | | | |
| STREET ADDRESS | 5000 10TH AVE SW | | 3.3 STREET ADDRESS | 3210 15TH AVE SW | | | |
| CITY-ST-ZIP | NAPLES FL | | 3.4 CITY-ST-ZIP | NAPLES, FL 34117 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | 4.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUDSON, MATT | | 4.2 NAME | | | | |
| STREET ADDRESS | 321 13TH ST SW | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | VD | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JUKINS, PAUL | | 5.2 NAME | | | | |
| STREET ADDRESS | 2410 39TH ST SW | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | D | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOLDEMAN, ANNETTE | | 6.2 NAME | TIM FAULS | | | |
| STREET ADDRESS | 4854 24TH PL SW | | 6.3 STREET ADDRESS | 3601 25TH AVE SW | | | |
| CITY-ST-ZIP | NAPLES FL | | 6.4 CITY-ST-ZIP | NAPLES, FL 34117 | | | |

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 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.

CR2E037 (9/96)