

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N40263** (8)

1. Corporation Name

**GOLDEN GATE NATIONAL LITTLE LEAGUE, INC.**

|                                                                                             |                                                                   |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br><b>GOLDEN GATE COMMUNITY PARK<br/>NAPLES FL 33999<br/>US</b> | Mailing Address<br><b>P.O. BOX 11136<br/>NAPLES FL 33941-1136</b> |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|

3. Date Incorporated or Qualified

**09/24/1990**

4. FEI Number

**65-0214114**

Applied For

Not Applicable

|                                             |                                                         |
|---------------------------------------------|---------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> <b>P.O. Box 990046</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b>                        |
| City & State<br><b>23</b>                   | City & State<br><b>28</b> <b>NAPLES FL</b>              |
| Zip<br><b>24</b>                            | Country<br><b>30</b> <b>USA</b>                         |
| Country<br><b>25</b>                        | Zip<br><b>29</b> <b>34116</b>                           |

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOUDREAU, DEBI  
2133 45 ST SW  
NAPLES FL 33999**

|                                                                                 |
|---------------------------------------------------------------------------------|
| 81 Name<br><b>ALBERT GUBALA</b>                                                 |
| 82 Street Address (P.O. Box Number Is Not Acceptable)<br><b>2950 49TH ST SW</b> |
| 83                                                                              |
| 84 City<br><b>NAPLES</b>                                                        |
| 85 Zip Code<br><b>FL 34116</b>                                                  |

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

*Albert J. Gubala* PRES. **ALBERT J. GUBALA**

**3/15/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                                           |                                 |                                            |
|-------------------------------------------|---------------------------------|--------------------------------------------|
| TITLE<br><b>PD</b>                        | NAME<br><b>BOUDREAU, DEBI</b>   | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>2133 45 ST SW</b>    |                                 |                                            |
| CITY-ST-ZIP<br><b>NAPLES FL</b>           |                                 |                                            |
| TITLE<br><b>SD</b>                        | NAME<br><b>MATULAY, TRISH</b>   | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>5049 28TH PL SW</b>  |                                 |                                            |
| CITY-ST-ZIP<br><b>NAPLES FL</b>           |                                 |                                            |
| TITLE<br><b>D</b>                         | NAME<br><b>SHOEMAKER, ROGER</b> | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>3210 15TH AVE SW</b> |                                 |                                            |
| CITY-ST-ZIP<br><b>NAPLES FL</b>           |                                 |                                            |
| TITLE<br><b>D</b>                         | NAME<br><b>HUDSON, MATT</b>     | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>321 13TH ST SW</b>   |                                 |                                            |
| CITY-ST-ZIP<br><b>NAPLES FL</b>           |                                 |                                            |
| TITLE<br><b>VD</b>                        | NAME<br><b>JUKINS, PAUL</b>     | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br><b>2410 39TH ST SW</b>  |                                 |                                            |
| CITY-ST-ZIP<br><b>NAPLES FL</b>           |                                 |                                            |
| TITLE<br><b>S</b>                         | NAME<br><b>FAULS, TIM</b>       | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br><b>3801 25TH AVE SW</b> |                                 |                                            |
| CITY-ST-ZIP<br><b>NAPLES FL</b>           |                                 |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                                              |                                                                              |
|----------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE<br><b>PD</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME<br><b>ALBERT GUBALA</b>             |                                                                              |
| 1.3 STREET ADDRESS<br><b>2950 49TH ST SW</b> |                                                                              |
| 1.4 CITY-ST-ZIP<br><b>NAPLES FL 34116</b>    |                                                                              |
| 2.1 TITLE<br><b>V</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME<br><b>COLLEEN PROVOST</b>           |                                                                              |
| 2.3 STREET ADDRESS<br><b>5101 31ST PL SW</b> |                                                                              |
| 2.4 CITY-ST-ZIP<br><b>NAPLES FL 34116</b>    |                                                                              |
| 3.1 TITLE<br><b>T</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME<br><b>MICHELLE BURR</b>             |                                                                              |
| 3.3 STREET ADDRESS<br><b>1458 MONARCH CR</b> |                                                                              |
| 3.4 CITY-ST-ZIP<br><b>NAPLES FL 34116</b>    |                                                                              |
| 4.1 TITLE<br><b>S</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME<br><b>LYDIA STEPHENS</b>            |                                                                              |
| 4.3 STREET ADDRESS<br><b>1380 31ST SW</b>    |                                                                              |
| 4.4 CITY-ST-ZIP<br><b>NAPLES FL 34117</b>    |                                                                              |
| 5.1 TITLE                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME                                     |                                                                              |
| 5.3 STREET ADDRESS                           |                                                                              |
| 5.4 CITY-ST-ZIP                              |                                                                              |
| 6.1 TITLE                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 on an attachment with an address.

SIGNATURE:

*Michelle Burr* **MICHELLE BURR**

**1-941-4550861**

**3/15/98**

CR2E037 (1097)