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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

339428 - 90116 - 2 6

DOCUMENT # N40263

1. Corporation Name

GOLDEN GATE NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
GOLDEN GATE COMMUNITY PARK NAPLES FL 33999 US	P O BOX 990046 NAPLES FL 34116 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/24/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0214114 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GUBALA, ALBERT
2950 49TH ST SW
NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name: Paul Jukins
82 Street Address (P.O. Box Number is Not Acceptable): 2430 39th St. SW
83
84 City: Naples FL 85 Zip Code: 34117

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	GUBALA, ALBERT		1.2 NAME	Paul Jukins Director (D)	
STREET ADDRESS	2950 49TH ST SW		1.3 STREET ADDRESS	2430 39th St. SW	
CITY-ST-ZIP	NAPLES FL 34116		1.4 CITY-ST-ZIP	Naples FL 34117	
TITLE	V	☑ DELETE	2.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	PROVOST, COLLEEN		2.2 NAME	Mary Santos Director (D)	
STREET ADDRESS	5101 31 ST PL SW		2.3 STREET ADDRESS	3461 15th Ave. SW	
CITY-ST-ZIP	NAPLES FL 34116		2.4 CITY-ST-ZIP	Naples, FL 34117	
TITLE	T	☑ DELETE	3.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	BURR, MICHELLE		3.2 NAME	Noreen Jutkiewicz Director (D)	
STREET ADDRESS	1458 MONARCH CR		3.3 STREET ADDRESS	270 25th ST. SW	
CITY-ST-ZIP	NAPLES FL 34116		3.4 CITY-ST-ZIP	Naples, FL 34117	
TITLE	S	☑ DELETE	4.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	STEPHENS, LYDIA		4.2 NAME	Tina Clawson Director (D)	
STREET ADDRESS	1380 31ST SWQ		4.3 STREET ADDRESS	315 21ST. ST. SW	
CITY-ST-ZIP	NAPLES FL 34117		4.4 CITY-ST-ZIP	Naples, FL 34117	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ 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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/5/99 941-353-2329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #