

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43625 (5)

1. Corporation Name

WAKULLA COUNTY CUB LEAGUE BASEBALL ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

WAKULLA RECREATION PARK
CRAWFORDVILLE FL 32327
US

P.O. BOX 1263
CRAWFORDVILLE FL 32327
US

3. Date Incorporated or Qualified
05/29/1991

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Same as Above

26 196 APPALCOSA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28 CRAWFORDVILLE FL

24 Zip

25 Country

29 32326

30 WAKULLA

4. FEI Number
59-2994446

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, DELBERT L JR
328 GUY STRICKLAND ROAD
CRAWFORDVILLE FL 32327

81 Name

MARSHALL, LES

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

196 APPALCOSA RD.

83

84 City

CRAWFORDVILLE

FL

85 Zip Code

32326

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 *Les Marshall* (PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

DATE 7-15-96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBERTS, DELBERT L
STREET ADDRESS 328 GUY STRICKLAND ROAD
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE SD
NAME POSEY, JOHN N
STREET ADDRESS P.O. BOX 730
CITY-ST-ZIP PANACEA FL

TITLE D
NAME RUSSELL, PAUL
STREET ADDRESS 235 EDGEWOOD DRIVE
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD
1.2 NAME MARSHALL, LES
1.3 STREET ADDRESS 196 APPALCOSA RD.
1.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327

2.1 TITLE V.T.S.
2.2 NAME MARSHALL STEPHANIE
2.3 STREET ADDRESS 196 APPALCOSA RD.
2.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327

3.1 TITLE D
3.2 NAME POSEY, JOHN N.
3.3 STREET ADDRESS P.O. BOX 730 N/A
3.4 CITY-ST-ZIP PANACEA FL.

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 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: *Les Marshall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

904-926-6544

Daytime Phone #

CR2E037 (12/95)