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 # **N45795** **(4)**

1. Corporation Name

PORT SALERNO LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
P O BOX 192 PORT SALERNO FL 34992	P O BOX 192 PORT SALERNO FL 34992

3. Date Incorporated or Qualified: **10/28/1991**
3a. Date of Last Report: **08/02/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-3097112** ☐ 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

RUTLAND, LEONARD JR.
10 CENTRAL PARKWAY
SUITE 350
STUART FL 34994

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 _____ 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		☐ Change ☐ Addition
NAME	REED, TRISH		1.2 NAME		
STREET ADDRESS	1841 SW LOCKS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	KELLY, MAC		2.2 NAME	Guy Giordanelli	
STREET ADDRESS	4198 FAIRWAY CT		2.3 STREET ADDRESS	3993 SE Jacaranda	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	Stuart, FL. 34997	
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	WILLIAMS, KIM		3.2 NAME	Fran Martin	
STREET ADDRESS	4170 GENEVA DR		3.3 STREET ADDRESS	6643 SE Raintree Ave.	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARPER, CAROL		4.2 NAME		
STREET ADDRESS	5123 SE FRONT ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (12/95)

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: Fran E Martin 2/27/96 407-220-6763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRAN E MARTIN