

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N45795

1. Corporation Name
PORT SALERNO LITTLE LEAGUE, INC.

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

Mailing Address
P.O. BOX 192
PORT SALERNO FL 34992

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3097112	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ANDERSON, BARBARA 3749 SE LOWER ST STUART FL 34997				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	1.1 TITLE	☐ Change ☐ Addition
NAME	KEATING, JOSEPH	1.2 NAME	
STREET ADDRESS	8946 SW TROPICAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PEARCE, JOE	2.2 NAME	
STREET ADDRESS	3340 SE FAIRMONT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	REX, SUE	3.2 NAME	
STREET ADDRESS	1721 SE JACKSON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, BARBARA	4.2 NAME	
STREET ADDRESS	3749 SE LOWER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Barbara Anderson* SIGNATURE REQUIRED

11-30-99

561-283-8622

CR2E037 (5/99)

October 30, 1999

Department of State

RE: Corporate Reinstatement

Port Salerno Little League
Document #N45795

To whom it may concern,

Please find enclosed a check in the amount of \$61.25. This return was originally filed in April along with a check in the same amount. After corresponding with your offices, we have determined that the return was rejected and sent back to be corrected and resubmitted. I never received the returned form, therefore I am submitting the corrected second notice form as instructed along with a new payment.

Please reinstate our corporation as soon as possible. Thank you for your cooperation.

Regards,


Barbara Anderson
Treasurer