FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:58

DOCUMENT # N45930 (7)

1. Corporation Name
FORT MYERS NATIONAL LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
RUTENBERG PARK FORT MYERS FL 33901 US	9131 COLLEGE PARKWAY 13-B FT. MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 11/07/1991
3a. Date of Last Report: 02/10/1994
4. FEI Number: 65-0293855 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOWERS, JAMES M
14570 MAJESTIC EAGLE COURT
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number Not Acceptable): 1470 ROYAL PALM SQUARE BLVD
83:
84 City: FT MYERS FL 85 Zip Code: 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James M. Sowers 1/15/95
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	PRESIDENT, DIRECTOR	☒ Change ☐ Addition
NAME	BAKER, KEITH	1.2 NAME	LENNETT, DR. ELLIOT	
STREET ADDRESS	3527 KNOLLWOOD RD.	1.3 STREET ADDRESS	4765 -1 BARKLEY CT	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	VPD	2.1 TITLE	VP, DIRECTOR	☒ Change ☐ Addition
NAME	WRIGHT, HOWARD	2.2 NAME	SOWERS, JAMES M.	
STREET ADDRESS	2413 SUMMERWOOD DR.	2.3 STREET ADDRESS	14570 MAJESTIC EAGLE CT	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	WADE, JAY	3.2 NAME		
STREET ADDRESS	15751 TRIPLE CROWN COURT	3.3 STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TREASURER, DIRECTOR	☒ Change ☐ Addition
NAME	SOWERS, JAMES M	4.2 NAME	GRIMM, GEORGE	
STREET ADDRESS	14570 MAJESTIC EAGLE COURT	4.3 STREET ADDRESS	3866 VILLMOOR LANE, SW	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	FT MYERS, FL 33919	
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 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)(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: X [signature] X 1/18/95 X813 432-9393
*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #