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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation N	Name	• •				
SOUTH	FT. MYERS LITTLE LEAG	ue, inc				
Principal Place of Business Mailing Addres					1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
9131 COLLEGE PARKWAY SUITE 13-B		9131 COLLEGE PARKWAY SUITE 13-B FORT MYERS FL 33919-4816				
FORT MYERS ( US	FL 33919-4816	US			Date Incorporated or Qualified     11/07/1991      FEI Number	3a. Date of Last Report 02/01/1995  Applied For
2. Principal Plac	ce of Business	2a. Mailing Address 26			65-0293855	Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired [	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country 30	/	8. This corporation has liability for intar	ngible tax under s. 199.032, Yes 🔲 No
4	9. Name and Address of Curre	29 ent Registered Agent			10. Name and Address of New Regi	stered Agent
	5. Name and Address of Curr	Hogistates rigoni	81	Name		
SOWERS				Address (P.O. Box Number is Not Acceptable)		
1470 ROYAL PALM SQ BLVD FT. MYERS FL 33919			83			
, 1. WIL	10 1 2 000 10		84	City		FL 85 Zip Code
44 5	the residence of Spotions 617.05	02 and 617 1508. Florida Statu	ites, the above	named co	orporation submits this statement for the purpos board of directors. I hereby accept the appoint	
or registere familiar with	ed agent, or both, in the State of Fic h, and accept the obligations of, Se	orida. Such change was author ection 617.0503, Florida Statute	ized by the cor es.	poration's	orporation submits this statement for the purpos board of directors. I hereby accept the appoint	
SIGNATURE _	Signature typed or printed name of registered ag	C11 G10 1		ent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.		T	Change Addition
TITLE "	PD	DELETE	1.1 TITLE 1.2 NAME		President Sowers, James M.	<b>L</b> - L
NAME	LENNETT, DR. ELLIOTT			: Et address	1470 Royal Palm Square	Blvd. P
STREET ADDRESS	4765-1 BARKLEY CT Ft. Myers Fl		1.3 STILL		Fort Myers, FL 33919	
CITY-ST-ZIP TITLE	VPD	DELETE	2 1 TITLE		Vice President	Change Addition
NAME	SOWERS, JAMES M.	_	2 2 NAM	<b>.</b>	Rick Krichbaum	n
STREET ADDRESS	14570 MAJESTIC EAGLE C	T	2 3 STRE	ET ADDRESS	12470 Coconut Creek Cou	irt D
CITY-ST-ZIP	FORT MYERS FL	•	2 4 CITY	- ST - ZIP	Fort Myers, FL 33908	Alle STANGE
TITLE	SÜ	DELETE	3 1 TITLE		Vice President	Addition Addition
NAME	WADE, JAY		3.2 NAM		Randy Zavada	17
STREET ADDRESS	15751 TRIPLE CROWN CO	URT		ET ADDRESS	6480 Quail Hollow Lane Fort Myers, FL 33912	ν
CITY-ST-ZIP	FT. MYERS FL	<b>∑</b> DELETE	3 4. C TV	′-ST-ZIP -	Secretary	Change Addition
TITLE	TD	panettic.	4. 2 NAM		Scott Sidney	<del></del>
NAME	GRIMM, GEORGE	1		ET ADDRESS	7360 Twin Eagle Lane	D
STREET ADDRESS	3866 VILLMOOR LANE SW FT. MYERS FL			-ST-ZIP	Fort Myers, FL 33912	
CITY-ST-ZIP TITLE	ri, MichorL	DELETE	5 1 TrTL		Treasurer	Change Addition
NAME			5.2 NAM	IE	Stan Garczynski	-
STREET ADDRESS			5.3 STR	EET ADORESS	14565 Eagle Ridge Driv	e D
CITY-ST-ZIP				-ST-ZIP	Fort Myers, FL 33912	Change - Addition
TITLE		DELETE	61 TITL		40000173 -03/05/96010	SELLA / /
NAME			6.2 NAM		~U3/U5/95~~010;	24 011 (X) (
STREET ADDRESS				EET ADORESS	***61.25	17/1/
CITY-ST-ZIP	by partify that the information synolic	ed with this filipo is voluntarily f		r-ST-ZIP oes not q	Lualify for the exemption stated in Section 119.0 accurate and that my signature shall have the signature.	7(3)(k), Florida Statutes, I furings
certify that	at the information indicated on this a	annual report or supplemental a	annual report is	true and a	uality for the exemption stated in Section 113.6 accurate and that my signature shall have the saute this report as required by Chapter 617, Flor	ame legal effect as if made under ida Statutes; and that my name
	t Lam an officer or director of the co in Block 12 or Block 13 if chapped,			,. oo	and the report of the re-	
	h	M Khalm	114		1/23/96	941-656-229 Dayters Phone #
SIGNA	TURE: /// CO	D OF PRINTED NAME OF SIGNING OF	FICEN OR DIRECT	OR .	Date	Daytere Shone #
ı		nev. Secretary	U			

CR2E037 (12/95)