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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N45930**

1. Corporation Name
SOUTH FT. MYERS LITTLE LEAGUE, INC.

511045 - 90266 - 7

Principal Place of Business	Mailing Address
9131 COLLEGE PARKWAY SUITE 13-B FORT MYERS FL 33919-4816 US	9131 COLLEGE PARKWAY SUITE 13-B FORT MYERS FL 33919-4816 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/07/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0293855 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SOWERS, JAMES M
1470 ROYAL PALM SQ BLVD
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: Wm. W. ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable): 11595 KELLY RD., SUITE 218
83: FORT MYERS, FL. 33908
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: Wm. W. Anderson — DATE: 4/30/99
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	ANDERSON, WILLIAM		1.2 NAME		
STREET ADDRESS	12366 MCGREGOR WOODS CR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33908		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	V.P. D	☒ Change ☐ Addition
NAME	KRICHBAUM, RICK		2.2 NAME	Clark Hawkins	
STREET ADDRESS	12470 COCONUT CREEK COURT		2.3 STREET ADDRESS	3627 Knollwood Road	
CITY-ST-ZIP	FT. MYERS FL 33908		2.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	VPD	☐ DELETE	3.1 TITLE	Secr. D	☒ Change ☐ Addition
NAME	O'CONNELL, TOMY		3.2 NAME	Jim Myers	
STREET ADDRESS	6910 GREYSTONE LANE		3.3 STREET ADDRESS	3953 Blenheim Ct.	
CITY-ST-ZIP	FT. MYERS FL 33912		3.4 CITY-ST-ZIP	Fort Myers, FL. 33919	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STRACHAM, BILL		4.2 NAME		
STREET ADDRESS	16281 BENTWOODS PALMS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PONTIFF, JOE		5.2 NAME		
STREET ADDRESS	13410 ALMONE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		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 (11/98)

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: Wm. W. Anderson **SIGNATURE REQUIRED** — 4/30/99 — 941-466-6300 #3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #