SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Sep 17, 1998 8:00 am Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N45930

(7)

South i	FT. MYERS LITTLE LEAGUE,	INC.		
Principal Place of Business		Mailing Address		**
Fillicipal Flace Of Busiless		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9131 COLLEGE PARKWAY		9131 COLLEGE PARKWAY	 , , ,	3. Date incorporated or Qualified
SUITE_13-B FORT MYERS_FL_33919-4816		SUITE 13-B FORT MYERS FL 33919-4816	t en I	11/07/1991
US		US		4. FEI Number Applied For Not Applicable
2 Principal P	loop of Rusings	2a. Mailing Address		00 020000
z. Philicipal P	lace of Business	26. Walling Address		5. Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt: #, etc.		6. Election Campaign Financing \$5.00 May Be
1		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
		28		☐ Yes ☒No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
-=	25	29 3	0	Personal Property Tax due June 30. Yes 10. No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
13ill Anderson				
SOWERS, JAMES M				Address (P.D. Box Number is Not Acceptable)
1770 HOTAL FALM OF DETA				
FT. MYERS FL 33919				
			84 City	Thyers FL 85 Zip Code 33908
11. Pursuant t	o the provisions of sections 617.0502 an	d 617.1508, Florida Statutes, th	e above-named cor	morntion submits this statement for the number of changing its registered
office or registered agent, or light/ in the State of Florida, Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered goard. Long for the publications of section 617 0503. Florida Statutes				
SIGNATURE 708/76				
	Signature, typed or printed name of registered agent a			re required when reinstating) DATE APPRITORIS (CHANGES TO DESIGNED AND DIRECTORS IN 12)
12.	OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	PD	DELETE	1.2 NAME	Change Addition
STREET ADDRESS	ANDERSON, WILLIAM 12366 MCGREGOR WOODS CR		1.3 STREET ADDRESS	
	FT MYERS FL		1.4 CITY-ST-ZIP	
TITLE	VPD	DELETE	2.1 TITLE	Change Addition
NAME	SOWERS, JAMES M.	4	2.2 NAME	
STREET ADDRESS	14570 MAJESTIC EAGLE CT		2.3 STREET ADDRESS	
	FORT MYERS FL		2.4 CITY-ST-ZIP	
TITLE	VPO	OELETE	3.1 TITLE	Change Addition
NAME	KRICHBAUM, RICK	_	3.2 NAME	
STREET ADDRESS		•	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	· · · · 	3.4 CITY-ST-ZIP 4.1 TITLE	VPD \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE NAME	VPD	DELETE	4.7 TITLE	Tommy () Connell Change Addition
STREET ADDRESS	O'CONNELL, TOMY 17276 PHLOX DR		4.3 STREET ADDRESS	6910 Greystone Lane
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	F MM 105 A 33912
TITLE	SD	DELETE	5.1 TITLE	S Change Addition
NAME	DOMMERICH, BEVERLY		5.2 NAME	Bill Strachan
STREET ADDRESS	413 KEENAN AVE		5.3 STREET ADDRESS	16281 Bendwads Palms Dr.
CITY-ST-ZIP	FORT MYERS FL		5.4 CITY-ST-ZIP	Ff Myers, F1 33908
TITLE	TD	☐ DELETE	6.1 TITLE	TP 1-0L Addition
NAME	GARCZYNSKI, STAN		6.2 NAME	200 LOV4,44
STREET ADDRESS			6.3 STREET ADDRESS	13410 Almond DC
CITY-ST-ZIP 14. I berehv c	FORT MYERS FL 33912 entify that the information supplied with t	his filing does not qualify for the	■ 6.4 CITY-ST-ZIP exemption stated in	n section 119.07(304). Florida Statutes. I further certify that the information
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3¼), 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 peciver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears				
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 harne appears in Block 12 or Block 13 if changed, or on an altatachment with an address.				
SIGNATURE: 706776 406-0300 - 3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Displaine Phone #				