2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2004 8:00 am **Secretary of State DOCUMENT # N45930** 1. Entity Name 02-18-2004 90014 043 ****61.25 SOUTH FT. MYERS LITTLE LEAGUE, INC. Principal Place of Business Mailing Address 9131 COLLEGE PARKWAY 9131 COLLEGE PARKWAY OZULIIOO SUITE 13-B FORT MYERS FL 33919-4816 SUITE 13-B FORT MYERS FL 33919-4816 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0293855 Not Applicable Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYERS, JIM 3953 BLENHEIM STREET Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33919 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change TITLE ☐ Delete TITLE Addition GOLD, HOWARD KACEN GIBSON NAME 7823 EAGLES FLIGHT LANE 15891 DO CTH CLE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP MYERS , FL 33908 VPD Delete TITLE ☐ Change Addition HAWKINS, CLARK NAME NAME ROGER BOYD 3627 KNOLLWOOD RD STREET ADDRESS STREET ADDRESS TIAL EMPLY FT. MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP MYER FL 33908 Change TITLE ☐ Addition TITLE ☐ Delete WEISS, FELICE NAME NAME 8601 BELLE MEADE DRIVE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE COLLINS, DAVID NAME NAME 7521 EAGLES FLIGHT LANE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if