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

APPROVED AND FILED

95 MAY 1 AM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46288 (9)

1. Corporation Name

MYERS PARK LITTLE MAJOR LEAGUE, INC.

Principal Place of Business	Mailing Address
519 OAKLAND AVE TALLAHASSEE FL 32301	519 OAKLAND AVE TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3044481 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1005 E. PARK AVE	26 1005 E. PARK AVE.
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 TALLAHASSEE, FL	City & State 28 TALLAHASSEE, FL
Zip 24 32301 / Country 25	Zip 29 32301 / Country 30

9. Name and Address of Current Registered Agent

SAVOY, CLITON F.
519 OAKLAND AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: SMITH Paula P.
82 Street Address (P.O. Box Number is Not Acceptable): 1005 E. PARK AVE.
83
84 City: TALLAHASSEE, 85 FL Zip Code: 32301

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: Paula P. Smith 5/1
(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	11 TITLE PD	PRESIDENT	☒ Change ☐ Addition
NAME	SAVOY, CLIFTON	12 NAME	PAULA P. SMITH	
STREET ADDRESS	519 OAKLAND AVE	13 STREET ADDRESS	1005 E. PARK AVE.	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	TALLAHASSEE, FL 32301	
TITLE	TD	21 TITLE TD	TREASURER	☒ Change ☐ Addition
NAME	GRINER, ROBERT	22 NAME	DONALD A. W. DOUGLAS	
STREET ADDRESS	1182 E. WINDWOOD SR	23 STREET ADDRESS	1314 LAWNDALE ROAD	
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	TALLAHASSEE, FL 32301	
TITLE		31 TITLE SD	RYLAND MUSICK	☒ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS	1339 KATHRYN DR.	
CITY ST ZIP		34 CITY ST ZIP	TALLAHASSEE, FL 32308	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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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.

DONALD DOUGLAS

SIGNATURE: Donald A.W. Douglas TREASURER 5-1-95 488-3503
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (Date) (Daytime Phone #)

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