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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N46288

1. Corporation Name

MYERS PARK LITTLE MAJOR LEAGUE ASSOCIATION, INC.

Principal Place of Business

MYERS PARK LITTLE MAJOR LEAGUE ASSN. INC.
 912 MYERS PARK DR
 TALLAHASSEE FL 32301
 US

Mailing Address

936 POSER CT
 TALLAHASSEE FL 32311
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
 24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
 29 30

3. Date Incorporated or Qualified

12/04/1991

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

9. Name and Address of Current Registered Agent

NORRIS, GERRY
 %CITY OF TALLAHASSEE PARKS & RECREATION
 912 MYERS PARK DRIVE
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BRYANT, MICHELLE
 STREET ADDRESS 936 POSER CT
 CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE SD ☒ DELETE

NAME SUMNER, LINDA
 STREET ADDRESS 2761-A MICCOSUKEE RD.
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE TD ☒ DELETE

NAME BASFORD, AL
 STREET ADDRESS 1961 CHARLAIS ST
 CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

(850) 599-1670

Date

Daytime Phone #

CR2E037 (1/98)