

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47431 (4)

1. Corporation Name

MARY ESTHER LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 783
MARY ESTHER FL 32569

POST OFFICE BOX 783
MARY ESTHER FL 32569



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/17/1992

3a. Date of Last Report
07/25/1995

4. FEI Number
59-3102159

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

BOTELHO, SUE
33 DRIFTWOOD AVENUE
FT WALTON BEACH FL 32548

81 Name
Stevens, Alma
82 Street Address (P.O. Box Number is Not Acceptable)
180 Brewer Circle

84 City
Mary Esther FL 85 Zip Code
32569

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 *Alma R. Stevens*
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

April 17, 1996
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BOTELHO, SUE
STREET ADDRESS 33 DRIFTWOOD AVENUE
CITY-ST-ZIP FT WALTON BEACH FL 32548 ☒ DELETE

1.1 TITLE PD
1.2 NAME Stevens, Alma ☒ Change ☐ Addition
1.3 STREET ADDRESS 180 Brewer Circle
1.4 CITY-ST-ZIP Mary Esther, FL 32569

TITLE VPD
NAME STEVEN, ALMA
STREET ADDRESS 180 BREWER CIRCLE
CITY-ST-ZIP MARK ESTHER FL 32569 ☒ DELETE

2.1 TITLE VPD
2.2 NAME Bernich, Carol ☒ Change ☐ Addition
2.3 STREET ADDRESS 504 Woodland Ave.
2.4 CITY-ST-ZIP Mary Esther, FL 32569

TITLE SD
NAME SINAGRA, MADELINE
STREET ADDRESS 840 BRYN MAWR
CITY-ST-ZIP MARY ESTHER FL 32569 ☒ DELETE

3.1 TITLE SD
3.2 NAME Mangum, Elizabeth ☒ Change ☐ Addition
3.3 STREET ADDRESS 647 N. Overbrook Dr.
3.4 CITY-ST-ZIP Ft. Walton Beach, FL 32547

TITLE TD
NAME SCHEER, H. JAMES
STREET ADDRESS 143 SCOTSDALE DR.
CITY-ST-ZIP MARY ESTHER FL 32569 ☒ DELETE

4.1 TITLE TD
4.2 NAME Johnson, Kimberly ☒ Change ☐ Addition
4.3 STREET ADDRESS 7 Acha Dr.
4.4 CITY-ST-ZIP Hurlburt, FL 32544

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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.

SIGNATURE: *Alma R. Stevens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 1996 664-2432
Date

CR2E037 (12/95)