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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N47431

1. Corporation Name

MARY ESTHER LITTLE LEAGUE, INC.

Principal Place of Business
POST OFFICE BOX 783
MARY ESTHER FL 32569

Mailing Address
POST OFFICE BOX 783
MARY ESTHER FL 32569



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/17/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3102159

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABERNATHY, CHRISTOPHER
140 SCOTTSDALE DR
MARY ESTHER FL 32569

81 Name **Jim Dahlmann**

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

83

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

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

JAMES W. DAHLMANN, PRESIDENT

13 JAN 99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **ABERNATHY, CHRISTOPHER**
STREET ADDRESS **140 SCOTTDALE DR**
CITY-ST-ZIP **MARY ESTHER FL 32569**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Jim Dahlmann**
1.3 STREET ADDRESS **132 Scottsdale Dr**
1.4 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE **VD** ☒ DELETE
NAME **HAMMOND, ROBERT**
STREET ADDRESS **18 RANGER RD**
CITY-ST-ZIP **MARK ESTHER FL 32569**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **WILLIAM GRIFFITHS**
2.3 STREET ADDRESS **406 Peregrine Ct.**
2.4 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE **SD** ☒ DELETE
NAME **MARGIE, JAMES**
STREET ADDRESS **224 ECHO CIR**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Frank Piccione**
3.3 STREET ADDRESS **342 Chevie Ct.**
3.4 CITY-ST-ZIP **Ft Walton Beach, FL 32548**

TITLE **TD** ☒ DELETE
NAME **SCHEER, SHERI**
STREET ADDRESS **143 SCOTTSDALE DR**
CITY-ST-ZIP **MARY ESTHER FL 32569**

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **Steven Cahoon**
4.3 STREET ADDRESS **2524 Georgetown Lane**
4.4 CITY-ST-ZIP **Ft Walton Beach, FL 32547**

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 ☐ 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:

SCHEER, SHERI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

850-302-3693

Daytime Phone #

0079751

CR2E037 (1/98)