FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47518 (8)

THONOTOSASSA LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
11556 LAMPLIGHTEE LANE TAMPA FL 33637 US	POST OFFICE BOX 213 THONOTOSASSA FL 33592 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2116626 — ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address: P.O. BOX 364
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Thonotosassa, FLA.
24 Zip / 25 Country	29 Zip: 33592 / 30 Country: Hills

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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORRISON, KATHY 5101 E BUSCH BLVD. S-6 TAMPA FL 33617	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 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 _____ (Signature, type or print name of registered agent, and title if applicable) (Both Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JONES, JAMES E.	12 NAME	
STREET ADDRESS	11621 GROVEWOOD AVE.	13 STREET ADDRESS	
CITY ST ZIP	THONOTOSASSA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BURRMANN, GARY	22 NAME	
STREET ADDRESS	38056 ZINNIA AVE.	23 STREET ADDRESS	
CITY ST ZIP	ZEPHRYHILLS FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MORRISON, KATHY	32 NAME	
STREET ADDRESS	11556 LAMPLIGHTER LANE	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	JONES, PEGGY	42 NAME	
STREET ADDRESS	11621 GROVEWOOD AVE.	43 STREET ADDRESS	
CITY ST ZIP	THONOTOSASSA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	GILLIAM, JIM	52 NAME	D MORRISON, DAVID
STREET ADDRESS	10623 SKEWLEE GARDEN DR	53 STREET ADDRESS	11556 Lamplighter LANE
CITY ST ZIP	THONOTOSASSA FL	54 CITY ST ZIP	TAMPA, FLA 33637
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PASTRANA, ANGELO	62 NAME	
STREET ADDRESS	12104 ELSMERE CT.	63 STREET ADDRESS	
CITY ST ZIP	THONOTOSASSA FL	64 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)(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.

SIGNATURE: James E. Jones Pres James E. Jones 4-24-95 813-986-1383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053038