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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 23 PM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49233 (2)

1. Corporation Name

SOUTHWEST SAINTS LITTLE LEAGUE FOOTBALL CLUB INC

Principal Place of Business	Mailing Address
2841 SW 4 ST FT LAUDERDALE FL 33312	2841 SW 4 ST FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1992
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0335565 ☐ 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	26 430 S W 18 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ft Lauderdale, FL
Zip 24 / Country 25	Zip 29 33312 / Country 30 BROWARD

9. Name and Address of Current Registered Agent

MONROE, SHARON
2841 SW 4 ST
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: Barbara J WISE
82 Street Address (P.O. Box Number is Not Acceptable): 430 SW 18 Ave
83 #
84 City: Fort Lauderdale FL 85 Zip Code: 33312

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: Barbara J Wise — 4-21-96
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	☐ Change ☐ Addition
NAME	WILKERSON, SAMUEL	12 NAME	
STREET ADDRESS	610 NW 38 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	WISE, BARBARA	22 NAME	
STREET ADDRESS	430 SW 18 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MONROE, SHARON	32 NAME	
STREET ADDRESS	2841 SW 4 ST	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	
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	

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: Barbara J Wise — Barbara J WISE — 4-21-95 — (305) 735-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046231