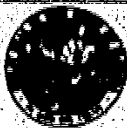


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005426 (2)

1. Corporation Name

WOODLAWN FLORIDA LITTLE MAJOR LEAGUE, INC.

Principal Place of Business

Mailing Address

% THOMAS E. DEBERG
1416 2ND STREET, N
ST. PETERSBURG FL 33704

% THOMAS E. DEBERG
1416 2ND STREET, N
ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

10/18/1994

4. FEI Number

59-3204766

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEBERG, THOMAS E ESQ.
% THE FLORIDA BAR
SUITE C-49, TAMPA AIRPORT MARRIOTT
TAMPA FL 33607

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DEBERG, THOMAS E
STREET ADDRESS 1416 4TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME BONNELL, CATHY
STREET ADDRESS 815 17TH ST N
CITY-ST-ZIP ST. PETERSBURG FL 33713

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

SD
Sherry Michael
3920 21st N.
ST. PETERSBURG, FL 33714

TITLE D
NAME JONES, WILLIAM
STREET ADDRESS 4635 EMERSON AVE S
CITY-ST-ZIP ST. PETERSBURG FL 33711

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME MCELYEA, JACKIE
STREET ADDRESS 1461 27TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SNELL, CARL D
STREET ADDRESS 3110 19TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

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

☒ Change ☐ Addition

D
Amador, Miguel
2578 34th Ave. N.
ST. PETERSBURG, FL 33714

TITLE VD
NAME AMADOR, MIGUEL
STREET ADDRESS 2578 34TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714

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

☒ Change ☐ Addition

~~Sherry~~ Miguel Jm Voia

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 110.07(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:

Jackie McElyea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

46295 (8/3)
821-5360

Date Daytime Phone #