

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005426 (2)**

1. Corporation Name

WOODLAWN FLORIDA LITTLE MAJOR LEAGUE, INC.

Principal Place of Business

Mailing Address

PO BOX 15712
1416 2ND STREET, N
ST. PETERSBURG FL 33704
US

PO BOX 15712
1416 2ND STREET, N
ST. PETERSBURG FL 33704
US

3. Date Incorporated or Qualified

12/02/1993

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

**LYNN GREGORY
6216 3RD AVE
SUITE C-49, TAMPA AIRPORT MARRIOTT
ST PETERSBURG FL 33707**

81 Name

Lynn Gregory

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

6216 3rd Ave S

83

84 City

St. Petersburg

FL

85 Zip Code
33707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	TED SCHAFER	
STREET ADDRESS	12201 82ND ST N	
CITY-ST-ZIP	LARGO FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PHIL GABEL	
STREET ADDRESS	2464 1/2 32ND AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LYNN GREGORY	
STREET ADDRESS	6216 3RD AVES	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RALPH RIVERA	
STREET ADDRESS	6671 34TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phil Gabel	
1.3 STREET ADDRESS	2464 1/2 32ND AVE N	
1.4 CITY-ST-ZIP	St. Petersburg, FL	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Greg Cook	
2.3 STREET ADDRESS	1147 34th AVE N	
2.4 CITY-ST-ZIP	St. Petersburg, FL	

3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Linda Zycco	
3.3 STREET ADDRESS	2335 WOODLAWN CIR W	
3.4 CITY-ST-ZIP	St. Petersburg, FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Lynn Gregory** | **Lynn Gregory**

1-22-98 813-519-1045

CR2E037 (10/97)