

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001262 (4)

1. Corporation Name

MARTIN COUNTY SHERIFF'S ATHLETIC LEAGUE, INC.



Principal Place of Business

Mailing Address

**800 MONTEREY RD
STUART FL 34994**

**800 MONTEREY RD
STUART FL 34994**

3. Date Incorporated or Qualified
03/02/1994

3a. Date of Last Report
03/06/1995

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

4. FEI Number

65-0487283

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIGGINS, JAMES S
2400 S FEDERAL HWY
SUITE 320
STUART FL 34994**

81 Name

Same

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

83

84 City

FL

85 Zip Code

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

Same

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** ☐ DELETE
NAME **SULLIVAN, ED**
STREET ADDRESS **2247 SW DANFORTH CIR**
CITY - ST - ZIP **PALM CITY FL 34990**

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

TITLE **VD** ☐ DELETE
NAME **BELLANTONI, JAMIE**
STREET ADDRESS **P.O. BOX 9401 N/A**
CITY - ST - ZIP **PORT ST LUCIE FL 34985**

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

TITLE **VD** ☐ DELETE
NAME **BELLANTONI, ROCCO**
STREET ADDRESS **P.O. BOX 9401 N/A**
CITY - ST - ZIP **PORT ST LUCIE FL 34985**

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

TITLE **S** ☒ DELETE
NAME **SEYMOUR, LINDA**
STREET ADDRESS **4306 NE SUNSET DR**
CITY - ST - ZIP **JENSEN BEACH FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Seymour, Michelle**
4.3 STREET ADDRESS **6 Palm Ct**
4.4 CITY - ST - ZIP **Stuart, FL 34996**

TITLE **T** ☐ DELETE
NAME **MENNA, JOE**
STREET ADDRESS **11711 SE FED HWY**
CITY - ST - ZIP **HOBE SOUND FL**

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

TITLE **D** ☐ DELETE
NAME **PASSANESI, JOSEPH S.**
STREET ADDRESS **800 SE MONTEREY RD**
CITY - ST - ZIP **STUART FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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, changed, or on an attachment with an address.

SIGNATURE:

Joseph S. Passanesi Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/96
Date

(407) 220-7011
Daytime Phone #

CR2E037 (12/95)