## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **N9400001894**1. Corporation Name

SEMINOLE LITTLE LEAGUE, INC.

## **FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90039 048 \*\*\*\*61.25

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Principal Place of Business Mailing Address														
12100 - 90TH AVE. N.				76 106TH AVE N					! I <b>B</b>				<b>                                    </b>	
SEMINOLE FL 33772 US				SEMINOLE FL 33778 US									<b>           </b>	
03			00						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Principal Place of Business     Za. Mailing Address									Date Incorporated or Qualified					
21 26				26 11301 Bella Loma					04/18/1994					
Suite, Apt. #, etc. Suite, Apt. #, etc.									4. FEI Number	ICABLE		<u> </u>	lied For	
<del></del>				City & State					NOT APPL	IUADLE	·	\$8.75 A	Applicable_	
City & State				28 Largo Flori					5. Certificate of	Status Desired		Fee Red		
Zip	Zip Country			Zip Cou					6. Election Cam	naion Financino	, _	\$5.00 1	May Be	
24	25 29 33771 30				30	·			Trust Fund Contribution Added to Fees					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent								
							81 Name JOHN W CHAPPUS							
BROCK, JAMES						82	30(110 30 00							
12276 106						83		1	<u> 1301 Bi</u>	allo loi	YM			
SEMINOLE FL 33778									LARGO	ドレ				
						84	City				FI	85 Zip C	ode	
	$\frown$		500 1.04	7.4500 51-44-04-	1. A	L			tion submits this	etetement for th		- 1   33	,,,	
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 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 regardent. I am amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.												istered		
agent. I a	m tamilia) w	ith, and acclebt the obli	gations of,	Section 617.0503, I	utes	<b>).</b>					1.16.4	29		
SIGNATURE	Signature, type	of printed name of registered a	pent and tille if	anolicable. (NO	OTE: Registered	Agen	nt signature requ	uired wh	nen reinstating)		DATE	1.10.	<del>/  -</del>	
12.	1	OFFICERS			13.					HANGES TO C	FFICERS A	ND DIRECTOR	RS IN 12	
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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 supplied entangual report is frue 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 of the redever 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 appearment with an adverses, with all other like empowered.

**SIGNATURE:** 

\$ 596 2563