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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N94000002081 (7)**

1. Corporation Name

LITTLE LEAGUE OF THE GULF BEACHES, INC.

Principal Place of Business	Mailing Address
200 REX PLACE MADEIRA BEACH FL 33705	P.O. BOX 6548 MADIERA BEACH FL 33738

3. Date Incorporated or Qualified: **04/25/1994**

4. FEI Number: **59-3244423** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARD, TERESA C ESQ. 5322 DUHME ROAD ST. PETERSBURG FL 33708	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	President - PD	☑ Change ☐ Addition
NAME	MASTERMAN, GAIL		1.2 NAME	LISA, Tracy A.	
STREET ADDRESS	11611 GROVE ST N		1.3 STREET ADDRESS	5400 Bayshore Dr	
CITY-ST-ZIP	SEMINOLE FL 34642		1.4 CITY-ST-ZIP	Seminole, FL 33772	
TITLE	SD	☑ DELETE	2.1 TITLE	Vice-President - VD	☑ Change ☐ Addition
NAME	JUDD, STEPHANIE		2.2 NAME	JOHN BRUCATO	
STREET ADDRESS	557 LILLIAN DR		2.3 STREET ADDRESS	11930 Colina Dr Apt # 155	
CITY-ST-ZIP	MADEIRA BEACH FL		2.4 CITY-ST-ZIP	Seminole, FL 33772	
TITLE	VD	☑ DELETE	3.1 TITLE	Treasurer - TD	☑ Change ☐ Addition
NAME	CAMMARANO, RENEE		3.2 NAME	JOSEPH LIBERATORE	
STREET ADDRESS	9965 51ST AVE N		3.3 STREET ADDRESS	6026 OAKHURST Dr.	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	Seminole, FL 33772	
TITLE	TD	☑ DELETE	4.1 TITLE	SECRETARY - SD	☑ Change ☐ Addition
NAME	WESTPHAL, BRAD		4.2 NAME	LISA CATANZARO	
STREET ADDRESS	4949 97TH WAY N		4.3 STREET ADDRESS	4748 - 22nd Ave N	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	St. Pete, FL 33713	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Tracy A. LISA [illegible] 1/30/98 (813) 395-0900