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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002081**

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 8548 MADIERA BEACH FL 33738

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/25/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3244423 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 33708 Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	VD	☑ Change ☐ Addition
NAME	LISA, TRACY A		1.2 NAME		
STREET ADDRESS	5400 BAYSHORE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		1.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	2.1 TITLE	PD	☐ Change ☑ Addition
NAME	BRUCATO, JOHN		2.2 NAME	LIBERATORE, SANDY M.	
STREET ADDRESS	11430 COLINA DR, APT 155		2.3 STREET ADDRESS	6026 OAKHURST DR	
CITY-ST-ZIP	SEMINOLE FL 33772		2.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	TD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	LIBERATORE, JOSEPH		3.2 NAME	LIBERATORE, JOSEPH	
STREET ADDRESS	6026 OAK HURST DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		3.4. CITY-ST-ZIP		
TITLE	SD	☑ DELETE	4.1 TITLE	SD	☐ Change ☑ Addition
NAME	CATANZARO, LISA		4. 2 NAME	BURGUN, CINDY	
STREET ADDRESS	4748 22ND AVE N		4.3 STREET ADDRESS	10435 KUMQUAT LANE	
CITY-ST-ZIP	ST PETERSBURG FL 33713		4.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
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 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] SANDY M. LIBERATORE 2/3/99 (727) 544-7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #