

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 # **N95000000030 (5)**

1. Corporation Name

SOUTHWEST LITTLE LEAGUE, INC.



Principal Place of Business

**8001 -13TH AVENUE SOUTH
ST PETERSBURG FL 33707**

Mailing Address

**8001 -13TH AVENUE SOUTH
ST PETERSBURG FL 33707**

3. Date Incorporated or Qualified
12/30/1994

3a. Date of Last Report
08/09/1995

2. Principal Place of Business

21 Egan Park

2a. Mailing Address

26 8666 Seminole Blvd

4. FEI Number

59-3288529

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Blindpass Road

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 St. Pete Beach, FL

City & State

28 Seminole, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 33706

Country

25 USA

Zip

29 34642

Country

30 USA

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

9. Name and Address of Current Registered Agent

**THOMAS, DENNIS K
8001 -13TH AVENUE SOUTH
ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name

Dennis K. Thomas CPA

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

8666 Seminole Blvd.

83 610 Bartholmey, Thomas & Co, PA.

84 City

Seminole

FL

85 Zip Code

34642

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

4-25-96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **PETERS, MICHAEL S**
STREET ADDRESS **7032 SOUTH SHORE DR. S.**
CITY-ST-ZIP **SOUTH PASADENA FL**

TITLE **SD** ☒ DELETE

NAME **NEEFE, RICHARD J**
STREET ADDRESS **6501 CENTRAL AVE.**
CITY-ST-ZIP **ST., PETERSBURG FL**

TITLE **D** ☒ DELETE

NAME **PINCUS, JEFFREY H**
STREET ADDRESS **7907 3RD AVENUE SOUTH**
CITY-ST-ZIP **ST., PETERSBURG FL**

TITLE **TD** ☐ DELETE

NAME **MCGATHEY, JAMES**
STREET ADDRESS **10103 TARPON DRIVE**
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **PD** ☐ DELETE

NAME **THOMAS, DENNIS K**
STREET ADDRESS **8001 13TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VD** ☐ DELETE

NAME **WIDES, ELAINE**
STREET ADDRESS **290 JULIA CIRCLE NORTH**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **SD** ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Dennis Thomas) Pres 4-25-96

912-728-7280

CR2E037 (12/95)