

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002275 (4)

1. Corporation Name

NORTH NAPLES LITTLE LEAGUE, INC.



Principal Place of Business

Mailing Address

C/O KATHIE E. RESOP
2150 GOODLETTE ROAD, 6TH FLOOR
NAPLES FL 33940

C/O KATHIE E. RESOP
2150 GOODLETTE ROAD, 6TH FLOOR
NAPLES FL 33940

3. Date Incorporated or Qualified

05/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **NAPLES PARK**

26 ~~206 FAIRWAY CIR. DR.~~

4. FEI Number

52-1287639

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Naples FL**

28

Zip Country

Zip Country

24 **33942**

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOCKER, JOSEPH R JR
2150 GOODLETTE ROAD
6TH FLOOR
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number, if applicable)
**400001763854
-04/01/96--01016--015**

83 *****61.25**

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

[Signature]

Signature of Registered Agent (if different from above)

Date

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **KATHIE RESOP**
STREET ADDRESS **2150 GOODLETTE RD**
CITY-STATE-ZIP **NAPLES, FL 33940**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE **Pres** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **J.W. MARTIN, JR**
1.4 CITY-STATE-ZIP **206 FAIRWAY CIRCLE DR
NAPLES, FL 33942**

2.1 TITLE **Secy** ☐ Change ☒ Addition
2.2 NAME **Cheryl Potts**
2.3 STREET ADDRESS **10243 BOCA CIRCLE**
2.4 CITY-STATE-ZIP **Naples FL 33942**

3.1 TITLE **Mayor Agent** ☒ Change ☐ Addition
3.2 NAME **DONNA VANTRE**
3.3 STREET ADDRESS **301 YUCCA CT**
3.4 CITY-STATE-ZIP **NAPLES, FL 33942**

4.1 TITLE **Tm Tim Petty** ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS **816108th Ave N.**
4.4 CITY-STATE-ZIP **NAPLES, FL 33963**

5.1 TITLE **T- Dale Potts** ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS **10243 BOCA CIRCLE**
5.4 CITY-STATE-ZIP **NAPLES, FL 33942**

6.1 TITLE **T- Mike Horn** ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS **702 BUTTER BRUSH DR**
6.4 CITY-STATE-ZIP **NAPLES, FL 33963**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96 (94) 261-6116

Date

Telephone Number

CR2E037 (12/95)