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Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002275 (4)

1. Corporation Name

NORTH NAPLES LITTLE LEAGUE, INC.

Principal Place of Business

NAPLES PARK
NAPLES FL 33942

Mailing Address

C/O KATHIE E. RESOP
2150 GOODLETTE ROAD 8TH FLOOR
NAPLES FL 34102-48243. Date Incorporated or Qualified
05/10/19953a. Date of Last Report
03/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip
34110

Country

2a. Mailing Address

26 C/O J.W. MARTIN JR.

Suite, Apt. #, etc.

27 206 FAIRWAY CIRCLE DR.

City & State

28 NAPLES, FLORIDA

29 Zip
34110Country
USA

4. FEI Number

52-1287639

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

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

W. JEFFREY CECIL

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

PORTER, WRIGHT, MORRIS & ARTHUR

83

4501 TAMiami TRAIL NORTH SUITE 400

84 City

NAPLES

FL

85 Zip Code

34103

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

4/9/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MARTIN, J W JR
STREET ADDRESS 206 FAIRWAY CIRCLE DR
CITY-ST-ZIP NAPLES FL 33942TITLE S ☐ DELETE
NAME PARTS, CHARGE
STREET ADDRESS 10243 BOCA CIRCLE
CITY-ST-ZIP NAPLES FL 33942TITLE A ☐ DELETE
NAME VENTRE, DONNA
STREET ADDRESS 301 YUCCA CT
CITY-ST-ZIP NAPLES FL 33942TITLE T ☐ DELETE
NAME PETTY, TIM
STREET ADDRESS 816108 AVE N.
CITY-ST-ZIP NAPLES FL 33963TITLE T ☐ DELETE
NAME PAFFS, DALE
STREET ADDRESS 10243 BOCA CIRCLE
CITY-ST-ZIP NAPLES FL 33442TITLE T ☐ DELETE
NAME HORN, NUKE
STREET ADDRESS 702 BUFFON BRUSEL DR
CITY-ST-ZIP NAPLES FL 339631.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ZIP 341102.1 TITLE ☒ Change ☐ Addition
2.2 NAME S
2.3 STREET ADDRESS POTTS, CHERYL
2.4 CITY-ST-ZIP 10243 BOCA CIRCLE
NAPLES, FL 341103.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2099 YUCCA CT.
3.4 CITY-ST-ZIP ZIP 341104.1 TITLE ☒ Change ☐ Addition
4.2 NAME TR
4.3 STREET ADDRESS 816 108th AVE. N.
4.4 CITY-ST-ZIP ZIP 341085.1 TITLE ☒ Change ☐ Addition
5.2 NAME TR
5.3 STREET ADDRESS KEVIN DUFFY
5.4 CITY-ST-ZIP 380 SHALWOOD DR.
NAPLES, FL. 341106.1 TITLE ☒ Change ☐ Addition
6.2 NAME T
6.3 STREET ADDRESS MARY ANNE CECIL
6.4 CITY-ST-ZIP 1984 MISSION DR.
NAPLES FL. 34109

14. I do 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: Mary Anne Cecil 4/10/97 (941) 591-2026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056402

CR2E037 (9/96)