

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90070 036 ****61.25

DOCUMENT # N95000002275

1. Entity Name

NORTH NAPLES LITTLE LEAGUE, INC.



Principal Place of Business

**NAPLES PARK
685 111TH AVE N
NAPLES FL 34110
US**

Mailing Address

**P.O. BOX 110304
NAPLES FL 34108
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

52-1287639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIEGER, ANGELA
4013 TREADWATER CT
NAPLES FL 34109**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	FIEGER, GENE	4013 TREADWATER CT	NAPLES FL 34109				
V	ROSS, MATHEW	1096 THE LANE	NAPLES FL 34109				
D	HAFENBRACK, BARBARA	590 CYPRESS HOLLOW WAY	NAPLES FL 34109				
T	FIEGER, ANGELA	4013 TREADWATER CT	NAPLES FL 34109				
S	BROWN, DONNA	163 CARIBBEAN RD	NAPLES FL 34108				
V	ZUMSTIEN, SCOTT	300 COCOHATCHEE DR	NAPLES FL 34110				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angela Fieger **ANGELA FIEGER** 4-16-04 239 593-8535