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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9500004705 (8)
1. Corporation Name

TOM BROWN PARK LITTLE MAJOR LEAGUE ASSOCIATION, INC.

FILED Mar 06 1997 8:00am Secretary of State



	e of Business	Mailing Address				4 1881(18) B19 1818; B1111 B3(1) B1111	I Brist Mariri 22 izi den)))
4886 PIMLICO DR TALLAHASSEE FL 32308		4886 PIMLICO DR TALLAHASSEE FL 32308-2339						
IALLAMASSEE F	1. 32300	TALLAMASSEE PL SESSON	3 49					
					3. Da	te Incorporated or Qualified 10/05/1995		f Last Report 12/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FE	Number		Applied For
21 EASTE	RWOOD D.R	26 3540 Kim	meR	HOWE		APPLIED FOR 59-3	393860	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Ce	rtificate of Status Desired	□ \$	8.75 Additional
22		27						Fee Required
City & State		City & State		-1 ·		ction Campaign Financing	;	\$5.00 May Be
Zip	AHASS , TI Country	Zip Zip	Cou	fitry		st Fund Contribution s corporation has liability for		Added to Fees
24 323 c		29 32308		45A			Yes N	
	9. Name and Address of Current		1001 -	10.1		me and Address of New Ro		
				81 Name	Tani	> ~ ^		
ABBOTT,	JAY			82 Street	Address (P.O.	OSA Box Number is Not Accepts	hle)	
4886 PIM				3	2/3 N.	Box Number is Not Accepta SHANNON	LAKES	
TALLAHA:	SSEE FL 32308			83				
				84 City	*******		8	5 Zin Code
					ALLAHI	ASSEE	FL "	5 Zip Code 32308
11. Pursuant to	to the provisions of Sections 617.0507 egistered agent, or both, in the State m familiar with and accept the optiga	and 677.1508, Florida Statu	tes, the at	bove-named	corporation su poration's boar	ibmits this statement for the do of directors. I hereby acce	purpose of cha	inging its registered
agent. I ar	m familiar with and accept the obliga	tions of Section 617.0503, Fl	lorida Stat	utes.		a of an objects. I (loroby about	12019	7
SIGNATURE _	ashome).	Con					128/	<u>/</u>
12.	Signature, typed or printed name or legistered age- OFFICERS AND		TE Registered	d Agent signature	required when rein	BISTIONS/CHANGES TO OFFI	CERS AND DIE	PECTORS IN 12
	OFFICERS AND	טוחביין טמחום נ						
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TITLE NAME	ABBOTT, JAY	☆ DELETE	1.1 TF 1.2 N/ 1.3 ST	AME TREET ADDRESS TY-ST-ZIP	ROSA 3213 N	TOM SHANNON LI AHRSSEE RAUB, TERRU	1KES 71 33 10	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-7iP	ABBOTT, JAY 4886 PIMLICO DR TALLAHASSEE FL 32308	7	1.1 TE 1.2 NA 1.3 ST 1.4 CE	AME TREET ADDRESS ITY-ST-ZIP TLE	ROSA 3213 N	TOM SHANNON LI AHRSSEE RAUB, TERRU	1KES 71 33 10	Change □ Addition
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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 of Justee annowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE

ONATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTO

Pale

Daytime Phone # 0007000