

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **N95000004705 (8)**

1. Corporation Name

TOM BROWN PARK LITTLE MAJOR LEAGUE ASSOCIATION, INC.



Principal Place of Business 4886 PIMLICO DR TALLAHASSEE FL 32308	Mailing Address 4886 PIMLICO DR TALLAHASSEE FL 32308-2339
--	---

3. Date Incorporated or Qualified 10/05/1995	3a. Date of Last Report 03/12/1996
--	--

2. Principal Place of Business 21 EASTERWOOD DR Suite, Apt. #, etc.	2a. Mailing Address 26 3540 KIMMER ROWE Suite, Apt. #, etc.
22 City & State 23 TALLAHASSEE, FL	27 City & State 28 TALLAHASSEE, FL
24 Zip 32301	25 Country USA
29 Zip 32308	30 Country USA

4. FEI Number APPLIED FOR 59-3393860	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent ABBOTT, JAY 4886 PIMLICO DR TALLAHASSEE FL 32308	
--	--

10. Name and Address of New Registered Agent 81 Name TOM ROSA 82 Street Address (P.O. Box Number is Not Acceptable) 3213 N. SHANNON LAKES 83 84 City TALLAHASSEE FL 85 Zip Code 32308	
---	--

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]* DATE **1/28/97**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABBOTT, JAY		1.2 NAME ROSA, TOM	
STREET ADDRESS 4886 PIMLICO DR		1.3 STREET ADDRESS 3213 N. SHANNON LAKES	
CITY-ST-ZIP TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DD STRAUB, TERRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, ROY		2.2 NAME STRAUB, TERRY (STRAUB, TERRY)	
STREET ADDRESS 2805 HEATHE CT		2.3 STREET ADDRESS 3513 CASTLEBAR CIRCLE	
CITY-ST-ZIP TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWERS, CHARLIE		3.2 NAME EVANS, JACK	
STREET ADDRESS 2948 COMPTON WAY		3.3 STREET ADDRESS 3257 CRANLEIGH DRIVE	
CITY-ST-ZIP TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNYON, PAUL		4.2 NAME GOEKE, IDLA	
STREET ADDRESS 3041 GILES PLACE		4.3 STREET ADDRESS 5689 IDLA CRESCENT	
CITY-ST-ZIP TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINSON, ELLA		5.2 NAME SAME	
STREET ADDRESS 3540 LIMMER ROWE RD		5.3 STREET ADDRESS 400002098964--2	
CITY-ST-ZIP TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP 02/26/97--01039--005	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* DATE **1/28/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)