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**Mar 08, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004705**

1. Corporation Name

**TOM BROWN PARK LITTLE MAJOR LEAGUE ASSOCIATION, INC.**

Principal Place of Business

EASTERWOOD DRIVE  
TALLAHASSEE FL 32301

Mailing Address

P O BOX 14798  
TALLAHASSEE FL 32317  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

10/05/1995

4. FEI Number

59-3393860

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

9. Name and Address of Current Registered Agent

**SELLARS, PRESTON H**  
**3080 HAWKS LANDING DRIVE**  
**TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

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

83

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SELLARS, PRESTON H	
STREET ADDRESS	3080 HAWKS LANDING DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<del>MCPHERSON, SCOTT</del>	
STREET ADDRESS	<del>3002 FERMANAGH DRIVE</del>	
CITY-ST-ZIP	<del>TALLAHASSEE FL 32308</del>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<del>CRISWELL, JANE</del>	
STREET ADDRESS	<del>4935 SHANNON LAKES EAST</del>	
CITY-ST-ZIP	<del>TALLAHASSEE FL 32308</del>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STUYVERSON, ROB	
STREET ADDRESS	3039 FEENEY COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BATEMAN, TOM	
STREET ADDRESS	6551 VELDA DAIRY ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASKINS, KEITH	
STREET ADDRESS	6800 WORTH COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	Hartsfield, Richard
2.4 CITY-ST-ZIP	5064 Pimlico Dr Tallahassee, FL 32308
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	Adcock, Chuck
3.4 CITY-ST-ZIP	Tallahassee, FL 32308
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

421-6215

Date

Daytime Phone #

CR2E037 (11/98)