
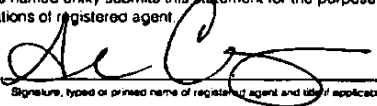
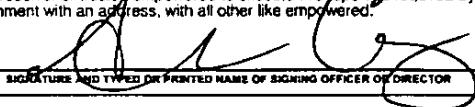


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

04-26-2007 90233 048 ****61.25

DOCUMENT # N95000004705 1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 50-3393860 59-3393860					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RHODES, ANN M 6711 CHEVY WAY TALLAHASSEE, FL 32317			7. Name and Address of New Registered Agent Name Susan COOKSEY Street Address (P.O. Box Number is Not Acceptable) 1342 Old St. Augustine Rd Monticello FL 32344		
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/24/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P RHODES, ANN M 6711 CHEVY WAY TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOKSEY, SUSAN 1342 OLD ST. AUGUSTINE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CILEK, MARY 1383 DEVONSHIRE DR TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, ANN 6711 CHEVY WAY TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, CHERYL 5581 EASTON GLEN TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sumner, Shari 3261 Addison Lane Tallahassee FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/24/07 <small>Daytime Phone #</small>	

66020428



04232007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

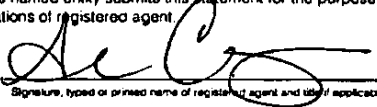
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name **Susan COOKSEY**

Street Address (P.O. Box Number is Not Acceptable) **1342 Old St. Augustine Rd**

Monticello FL 32344

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHODES, ANN M 6711 CHEVY WAY TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOKSEY, SUSAN 1342 OLD ST. AUGUSTINE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P COOKSEY, SUSAN 1342 OLD ST. AUGUSTINE ROAD MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V CILEK, MARY 1383 DEVONSHIRE DR TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T Sumner, Shari 3261 Addison Lane Tallahassee FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/24/07**
Daytime Phone #