

# 2004-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90033 019 \*\*\*\*61.25

**DOCUMENT # N96000001991**



1. Entity Name  
**BAKER COUNTY LITTLE LEAGUE, INC.**

Principal Place of Business  
POST OFFICE BOX 762  
ST. MARY, FL 32040

Mailing Address  
POST OFFICE BOX 762  
ST. MARY, FL 32040

**54013332**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2320522**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HOLLY, MANN**  
**10416 STODDARD AVE PO BOX 453**  
**GLEN SAINT MARY, FL 32040**

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

**Filing 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUVAL, PHIL 46 N 6TH ST MACCLENNEY, FL 32063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HONSINGER, PAT RT 3, BOX 41 MACCLENNEY, FL 32063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANN, LOUANN 1017 CHRISTIE COURT MACCLENNEY, FL 32063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANN, HOLLY 10416 STODDARD AVE PO BOX 453 GLEN SAINT MARY, FL 32040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BURNS, MELISSA RT 1, BOX 2169-A ST. GEORGE, GA 31646	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HIGH, TERI 904 CHRISTIE COURT MACCLENNEY, FL 32063	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phil Duval PD PO Box 238 Maccleenny FL 32063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Donald Combs 5101 Lewis Cove Rd Maccleenny FL 32063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TONI Palmer 7284 Southern St. Nursery Road Glen St Mary FL 32040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #



## Division of Corporations

540/3332

## Annual Report

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Business Entity Name

BAKER COUNTY LITTLE LEAGUE, INC.

FEI Number

592320522

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☒ Yes ☐ No

## Principal Place of Business

Address

POST OFFICE BOX 762

Suite, Apt. #, etc.

City, State

GLEN ST. MARY

FL

Zip Code &amp; Country

32040

## Mailing Address

Address

POST OFFICE BOX 762

Suite, Apt. #, etc.

City, State

GLEN ST. MARY

FL

Zip Code &amp; Country

32040

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

HOLLY

MANN

-or- RA Business Name

Address

10416 STODDARD AVE PO BOX 453

Suite, Apt. #, etc.

City, State

GLEN SAINT MARY

FL

Zip Code &amp; Country

32040

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Holly Mann



## Division of Corporations

54013332

## Annual Report

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Business Entity Name

BAKER COUNTY LITTLE LEAGUE, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title	PD			
Name (Last, First, Middle, Title)	DUVAL	PHIL		
-or- Entity Name				
Street Address	46 N 6TH ST			
City, State	MACCLENLY	FL		
Zip Code & Country	32063			
Title	VPD			
Name (Last, First, Middle, Title)	HONSINGER	PAT		
-or- Entity Name				
Street Address	RT 3, BOX 41			
City, State	MACCLENLY	FL		
Zip Code & Country	32063			
Title	S			
Name (Last, First, Middle, Title)	MANN	LOUANN		
-or- Entity Name				
Street Address	1017 CHRISTIE COURT			
City, State	MACCLENLY	FL		
Zip Code & Country	32063			
Title	TD			
Name (Last, First, Middle, Title)	MANN	HOLLY		
-or- Entity Name				
Street Address	10416 STODDARD AVE PO BOX 453			

City, State

GLEN SAINT MARY

FL

Zip Code &amp; Country

32040

Title

VPT

Name (Last, First, Middle, Title)

BURNSED

MELISSA

-or- Entity Name

Street Address

RT 1, BOX 2169-A

City, State

ST. GEORGE

GA

Zip Code &amp; Country

31646

Title

VPT

Name (Last, First, Middle, Title)

HIGH

TERI

-or- Entity Name

Street Address

904 CHRISTIE COURT

City, State

MACCLENNY

FL

Zip Code &amp; Country

32063

An individual named above must type their name in the  
'Officer/Director Signature' block below. A corporate name is not  
allowed in this block.

Title

TD

Officer/Director Signature Holly Mann

Continue

Reset

Start Over

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