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Mar 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005614 (0)**

1. Corporation Name

RIDGE MANOR LITTLE MAJOR LEAGUE, INC.

Principal Place of Business

Mailing Address

**34244 CORTEZ BLVD.
RIDGE MANOR FL 33523**

**34244 CORTEZ BLVD.
RIDGE MANOR FL 33523**



3. Date Incorporated or Qualified

11/04/1996

3a. Date of Last Report

None

2. Principal Place of Business

34244 Cortez Blvd.

2a. Mailing Address

34244 Cortez Blvd.

4. FEI Number

59-3363611

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

Ridge Manor, Fl.

City & State

Ridge Manor, Fl.

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip **33523**

Country **Hernando**

Zip **33523**

Country **Hernando**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHARPE, JOHN
34575 ORCHID PARKWAY
RIDGE MANOR FL 33523**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **Jerry Bunn**
STREET ADDRESS **34179 Ridge Manor Blvd.**
CITY- ST- ZIP **Ridge Manor, Fl. 33523**

TITLE **VPD** ☐ DELETE
NAME **Rod Cooper**
STREET ADDRESS **8481 Croom Rital Rd.,**
CITY- ST- ZIP **Brooksville, Fl.**

TITLE **SD** ☐ DELETE
NAME **John Sharpe**
STREET ADDRESS **34575 Orchid Pkwy.**
CITY- ST- ZIP **Ridge Manor, Fl. 33523**

TITLE **TD** ☐ DELETE
NAME **Susan Bunn**
STREET ADDRESS **34179 Ridge Manor Blvd.**
CITY- ST- ZIP **Ridge Manor, Fl. 33523**

TITLE **D** ☐ DELETE
NAME **Robert MacDonald**
STREET ADDRESS **6009 Leisure St.**
CITY- ST- ZIP **Ridgr Msnor, Fl. 33523**

TITLE **D** ☐ DELETE
NAME **Tony Felice**
STREET ADDRESS **34306 Ridge Manor Blvd.,**
CITY- ST- ZIP **Ridge Manor, Fl. 33523**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, changed, or on an attachment with an address.

SIGNATURE: **Jerry Bunn** **Jerry Bunn, President**

(352) 583-3497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **007906**

CR2E037 (9/96)