

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90417 031 ****61.25

DOCUMENT # N97000000702

1. Corporation Name

HAINES CITY LITTLE LEAGUE BASEBALL, INC.

Principal Place of Business

EAST JOHNSON AVENUE
HAINES CITY FL 33844

Mailing Address

588 SWEETWATER WAY EAST
HAINES CITY FL 33844
US

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

29

30

3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

59-3410401

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

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

TUCKER, JOHN R III
588 SWEETWATER WAY, EAST
HAINES CITY FL 33844

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	TUCKER, JOHN R III	588 SWEETWATER WAY, ESAT	HAINES CITY FL 33844	<input type="checkbox"/>
D	BENTON, LINDA	713 4TH STREET N	HAINES CITY FL 33844	<input type="checkbox"/>
VD	CRANE, CLARENCE	410 F STREET	HAINES CITY FL 33844	<input checked="" type="checkbox"/>
VD	SMITH, STEVE	2610 CREST DRIVE	HAINES CITY FL 33844	<input type="checkbox"/>
SD	SCHAEFER, JOELLE	20 SOUTH 10TH STREET	HAINES CITY FL 33844	<input type="checkbox"/>
D	MATHIS, LARRY	PO BOX 783	LAKE HAMILTON FL 33851	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
Board of Directors	David Schaefer	20 South 10th St	Haines City, FL 33844	Board of Directors	Archie Ritch	6000 Old Polk City Rd.	Haines City, FL 33844	Board of Directors	Jill Ritch	6000 Old Polk City Rd.	Haines City, FL 33844												

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 additional sheet with an address (with a check box like empowered).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 4/10/99 941-421-1931

CR2E037 (11/98)