

SECOND NOTICE: -CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90008 049 ****61.25

DOCUMENT # N97000004155

1. Corporation Name

PALM HARBOR AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business

1968 BAYSHORE BLVD.
DUNEDIN FL 34698

Mailing Address

1968 BAYSHORE BLVD.
DUNEDIN FL 34698



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/22/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3453566

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIANFRONE, JOSEPH R
1968 BAYSHORE BLVD.
DUNEDIN FL 34698

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME EISEL, FRANK
STREET ADDRESS 1599 SANDY HOLLOW LANE
CITY-ST-ZIP PALM HARBOR FL 34698

☒ DELETE

1.1 TITLE President/Director
1.2 NAME DONALD R FISHER JR
1.3 STREET ADDRESS 1482 TRISTOP DR
1.4 CITY-ST-ZIP PALM HARBOR FL 34683

☒ Change ☐ Addition

TITLE VD
NAME ELDER, CARL
STREET ADDRESS 195 MONTROSE CT.
CITY-ST-ZIP PALM HARBOR FL 34684

☒ DELETE

2.1 TITLE Vice President/Director
2.2 NAME LARRY COPE
2.3 STREET ADDRESS 3067 JODEE LANE
2.4 CITY-ST-ZIP PALM HARBOR 34684

☒ Change ☐ Addition

TITLE SD
NAME HOFSTETTER, LISA
STREET ADDRESS 720 ROLLING HILL DR.
CITY-ST-ZIP PALM HARBOR FL 34683

☒ DELETE

3.1 TITLE Treasurer/Director
3.2 NAME Betty Smith Betse
3.3 STREET ADDRESS 860 VILLAGE WAY
3.4 CITY-ST-ZIP PALM HARBOR FL 34683

☒ Change ☐ Addition

TITLE TD
NAME MIDGETTE, KAREN
STREET ADDRESS 2864 LONG LEAF LANE
CITY-ST-ZIP PALM HARBOR FL 34684

☒ DELETE

4.1 TITLE Secretary
4.2 NAME ANGELA RAINER
4.3 STREET ADDRESS 2690 CORAL LANDING BLVD #438
4.4 CITY-ST-ZIP PALM HARBOR FL 34683

☒ Change ☐ Addition

TITLE D
NAME KOCHENOUR, BILL
STREET ADDRESS 248 SHORE DR.
CITY-ST-ZIP PALM HARBOR FL 34683

☒ DELETE

5.1 TITLE Director
5.2 NAME Joseph R CIANFRONE
5.3 STREET ADDRESS 1968 Bayshore Blvd
5.4 CITY-ST-ZIP Dunedin FL 34698

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: DONALD R FISHER JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)