## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90117 009 \*\*\*\*61.25

## DOCUMENT # N9700006818

1. Corporation Name

PAXTON, FLORIDA, LITTLE LEAGUE, INC.

Principal	Place	of	Business

Mailing Address

22036 US HIGHWAY 331 N PAXTON FL

DAVENPORT, TROY E

PO BOX 1211 PAXTON FL 32538

—-	Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 12/05/1997				
21	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3441924	Applied For			
23	City & State	City & State	5 Configure of Status Desired 7	.75 Additional			
24	Zip Country			5.00 May Be			
	9. Name and Address of Cu			10. Name and Address of New Registered Agent			
			94 Nome				

331 DAVIDSON ROAD DEFUNIAK SPRINGS FL 32433	83	13	_
	84	FL 85 Zip Code	
	-	the statement for the purpose of changing its ragio	

82 Street Address (P.O. Box Number is Not Acceptable)

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: Reg	stered Agent signature n		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TO OFFICERS AND		
TITLE	D □ DE	LETE		D		Change	Addition
NAME	DAVENPORT, TROY E		1.2 NAME	TONYA MCDANIEL			
STREET ADDRESS	331 DAVIDSON ROAD	1	1.3 STREET ADDRESS	179 Chow Lane			)
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		1.4 CITY+ST-ZIP	Defuniak Spgs,	FL 32433		
TITLE	<b>D</b> □ D€	LETE	2.1 TITLE			Change	☐ Addition
NAME	DAVIDSON, DONEL		2.2 NAME				]
STREET ADDRESS	6455 COUNTY HWY 0605		2.3 STREET ADDRESS				ļ
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	l l	2. 4 CITY-ST-ZIP				
TITLE	D DE	LETE	3.1 TITLE			☐ Change	☐ Addition
NAME	DAVENPORT, JULIE		3.2 NAME				-
STREET ADDRESS	331 DAVIDSON RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		3.4. CITY-ST-ZIP				
TITLE	D DE	LETE	4.1 TITLE			Change	☐ Addition
NAME	YOUNG, CONNIE		4.2 NAME				
STREET ADDRESS	2254 ST HWY 85		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAUREL HILL FL		4.4 CITY-ST-ZIP				
TITLE	D S DE	LETE	5.1 TITLE			Change	☐ Addition
NAME	BURLISON, FRANK	l	5.2 NAME				
STREET ADDRESS	373 ADAMS ST		5.3 STREET ADDRESS				
CITY-ST-ZIP	LAUREL HILL FL		5.4 CITY-ST-ZIP				
TITLE	D DE	LETE	6.1 TITLE			Change	Addition
NAME	DAVIDSON, JAN		6.2 NAME				
STREET ADDRESS	6455 COUNTY HWY 0605	1	6.3 STREET ADDRESS				1
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3	6.4 CITY-ST-ZIP				

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

WAS TO TYPE OR PRINTED HOME OF SIGNING OFFICER OR DIRECTOR

1-7.99

850-892-5221

R2F037 (11/98)