FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N97000007037 (1)

CRESTVIEW LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address	- 1 103/1103 (18 18/11 1881) 05/11 08/11 08/11 08/11 08/11 189/1 08/10 11/11 (1881 1981			
422 NORTH MAIN ST. CRESTVIEW FL 32536	422 NORTH MAIN ST. Crestview FL 32536	3. Date incorporated or Qualified 12/18/1997			
.		4. FEI Number Applied For Not Applicable			
2. Principal Place of Business 21 10 LEA PI N	28. Mailing Address 28 110 LEA PI N	5. Certificate of Status Desired S8.75 Additional Fee Regulred			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Crestview, Fl.	City & State 28 Crestuiew, Fl.	7. Is this nonprofit corporation a homeowners association? — Yes — No			
132539 25 USA	29 32539 30 USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No			

Name

JARAMILLO, JAY 110 LEA PLACE NORTH **DRESTMEW FL 32539**

82	Street Address (P.O. Box Number is Not Acceptable)						
83		····					
84	City	FL 8	Zip Code				

10. Name and Address of New Registered Agent

FILED

Jul 16 1998 8:00am

Secretary of State

Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 Fiorida. 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.

IGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstaling) DATE									
<u> 2.</u>	OFFICERS AND DIRECTORS	T actor	13.	ADDITIONS/CHANGES TO OFFICERS AN					
TITLE	Dialog Aug	DELETE	1.1 TITLE	Randy Taylor	Change	☐ Addition			
NAME	BISHOP, MIKE		1.2 NAME						
STREET ADDRESS	127 VILLACREST DR.		1.3 STREET ADDRESS	5279 Deer Springs Rd	•				
CITY-ST-ZIP	CRESTVIEW FL 32539		1.4 CITY-ST-ZIP	Crestview FL 32539	•				
TITLE	D	DELETE	2.1 TITLE		Change	Addition			
NAME	DOWNING, STACEY		2.2 NAME			ļ			
STREET ADDRESS	4869 KENSINGTON LANE		2.3 STREET ADDRESS						
CITY-ST-ZIP	CRESTVIEW FL 32539		2. 4 CITY-ST-ZIP	\sim		ſ			
TITLE	D	DELETE	3.1 TITLE		Change	Addition			
NAME	D'CONNER, DEBI		3.2 NAME						
STREET ADDRESS	417 RIVERCHASE BLVD.		3.3 STREET ADDRESS						
CITY-ST-ZIP	CRESTVIEW FL 32536		3.4. CITY-ST-ZIP						
TITLE	D	DELETE	4.1 TITLE		Change	Addition			
NAME	FAIR, SAM		4. 2 NAME			}			
STREET ADDRESS	12 COURTNEY LANE		4.3 STREET ADDRESS						
CITY-ST-ZIP	CRESTVIEW FL 32539		4.4 CITY - ST - ZIP						
TITLE D	D	DELETE	5.1 TITLE		Change	Addition			
NAME	JARAMILLO, JAY		5.2 NAME			J			
STREET ADDRESS	410 LEE PLACE NORTH		5.3 STREET ADDRESS						
CITY-ST-ZIP	CRESTVIEW FL 32539	~ *	5.4 CITY-ST-ZIP						
TITLE 1	Andrew Evans	DELETE	6.1 TITLE		Change	Addition			
NAME	\$767 Highland Hills Rd		6.2 NAME						
STREET ADDRESS	Crestview FL 32536		6.3 STREET ADDRESS						
CITY-ST-ZIP	\sim \sim \sim		6.4 CITY-ST-ZIP						

14. Thereby certify that the information supplied with this tiling 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 of the receiver of 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 attaniment with an address.

SIGNATURE:

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