


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90130 045 \*\*\*\*70.00

DOCUMENT # **N97000007037**

1. Entity Name  
**CRESTVIEW LITTLE LEAGUE, INC.**



Principal Place of Business  
**PO BOX 1452  
CRESTVIEW FL 32539  
US**

Mailing Address  
**PO BOX 1452  
CRESTVIEW FL 32539  
US**

**10010556**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3481512** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CRAWFORD, JEFFREY A  
425 WHIRLAWAY CT  
CRESTVIEW FL 32539**

7. Name and Address of New Registered Agent

Name **John C Lynch**

Street Address (P.O. Box Number is Not Acceptable)  
**137 Steeplechase Drive**

City **Crestview** FL Zip Code **32539**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John C Lynch*, **John C. Lynch, President** **8 Jan 03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>CRAWFORD, JEFFREY A</b>	
STREET ADDRESS	<b>425 WHIRLAWAY CT</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIS, WILLIAM J</b>	
STREET ADDRESS	<b>5318 WHITNEY CT</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>MIDDLEBROOK, GIA M</b>	
STREET ADDRESS	<b>704 NAUGHTON DRIVE</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>MIDDLEBROOK, GIA M</b>	
STREET ADDRESS	<b>704 NAUGHTON DRIVE</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>LEWELLEN, MATTHEW</b>	
STREET ADDRESS	<b>148 SALVADORE LANE</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>LYNCH, KIMBERLY</b>	
STREET ADDRESS	<b>137 STEEPLCHASE DR</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John C Lynch</b>		
STREET ADDRESS	<b>137 Steeplechase Drive</b>		
CITY-ST-ZIP	<b>Crestview FL 32539</b>		
TITLE	VP	VIC PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTIN HLE</b>		
STREET ADDRESS	<b>2985 Windsor Circle</b>		
CITY-ST-ZIP	<b>Crestview FL 32539</b>		
TITLE	SD	Patricia Campbell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Patricia Campbell</b>		
STREET ADDRESS	<b>126 Springwood Circle</b>		
CITY-ST-ZIP	<b>Crestview FL 32539</b>		
TITLE	PD	Player Agent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cory Brewer</b>		
STREET ADDRESS	<b>125 W 35th Ave, Apt 17</b>		
CITY-ST-ZIP	<b>Crestview FL 32539</b>		
TITLE	SD	Safety Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William J Willis</b>		
STREET ADDRESS	<b>5318 Whitney Ct</b>		
CITY-ST-ZIP	<b>Crestview FL 32539</b>		
TITLE	TD	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kimberly Lynch</b>		
STREET ADDRESS	<b>137 Steeplechase Drive</b>		
CITY-ST-ZIP	<b>Crestview FL 32539</b>		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: *John C Lynch*, **John C. Lynch** **8 Jan 03** **689-2923**

CR2E037 (10/02)