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03-25-1999 90043 030 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000004823

1. Corporation Name

EAST MERRITT ISLAND LITTLE LEAGUE INCORPORATED

Principal Place of Business

1355 HOLT DR.
 MERRITT ISLAND FL 32952

Mailing Address

P.O. BOX 540111
 MERRITT ISLAND FL 32954-0111

263224 - 90043 - 30



2. Principal Place of Business

21 **Judy C. Hobbs**
 Suite, Apt. #, etc.
 22 **1525 Glen Haven Dr**

2a. Mailing Address

26
 Suite, Apt. #, etc.
 27

3. Date Incorporated or Qualified

08/20/1998

4. FEI Number

59-2151289

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

23 **Merritt Island FL**

28 City & State

24 **32952** 25 **USA**

29 Zip Country 30

9. Name and Address of Current Registered Agent

ANGELL, CINDY
 1355 HOLT DR.
 MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name **Judy C. Hobbs**
 82 Street Address (P.O. Box Numbers Not Acceptable) **1525 Glen Haven Dr.**
 83
 84 City **Merritt Island** FL 85 Zip Code **32952**

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 **Judy C. Hobbs J. Hobbs President** DATE **3-12-99**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ANGELL, CINDY	
STREET ADDRESS	1355 HOLT DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BRUNK, CINDY	
STREET ADDRESS	1014 HARBOR PINES DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CALIN, KATHY	
STREET ADDRESS	1757 CENTRAL AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, JIM	
STREET ADDRESS	1720 PORPOISE STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIRKLIN, BOBBY	
STREET ADDRESS	90 N. TROPICAL WAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIRKLIN, RAY	
STREET ADDRESS	115 HOLIDAY LANE	
CITY-ST-ZIP	COCOA BEACH FL 32931	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Judy C. Hobbs	
1.3 STREET ADDRESS	1525 Glen Haven Dr.	
1.4 CITY-ST-ZIP	Merritt Island, FL 32952	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TAMMY BROWN	
3.3 STREET ADDRESS	1390 Eddy St.	
3.4 CITY-ST-ZIP	Merritt Island, FL 32952	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **Judy C. Hobbs** **RECEIVED** **Hobbs** **3/12/99** **(407) 494-4112** **3692**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98