

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2005 8:00 am
Secretary of State

06-16-2005 90001 050 ****61.25

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1. Entity Name
MERRITT ISLAND SENIOR LITTLE LEAGUE, INC.



Principal Place of Business
**180 E. MERRITT AVENUE
MERRITT ISLAND, FL 32953**

Mailing Address
**POST OFFICE BOX 541017
MERRITT ISLAND, FL 32954-1017**

40088301



06082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3608325

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RANCK, TINA
410 JILLOTUS STREET
MERRITT ISLAND, FL 32952**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME **RAMSEY, JOHN S**
STREET ADDRESS **POST OFFICE BOX 541017**
CITY-ST-ZIP **MERRITT ISLAND, FL 329541017**

TITLE VP
NAME **BLOCKER, BRIAN**
STREET ADDRESS **POST OFFICE BOX 541017**
CITY-ST-ZIP **MERRITT ISLAND, FL 329541017**

TITLE TD
NAME **RANCK, TINA S**
STREET ADDRESS **410 JILLOTUS STREET**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE S/D
NAME **NOBLE, JEFFREY**
STREET ADDRESS **ST GEORGE**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

Tina S. Ranck **TINA S. RANCK**

6-8-05

Date

Daytime Phone #

321.4338228