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95 APR 17 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712892** (9)

1. Corporation Name

PORT ST LUCIE LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

113 SW EYERLY AVE
P.O. BOX 8055
PORT ST LUCIE FL 34985

113 SW EYERLY AVE
P.O. BOX 8055
PORT ST LUCIE FL 34985

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1967

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2156222

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDMAN, DEWEY W.
113 S.W. EYERLY AV
PT. ST. LUCIE FL 34983

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: TD
NAME: HUDMAN, DEWEY W
STREET ADDRESS: 113 SW EYERLY AVE
CITY - ST - ZIP: PT ST LUCIE, FL-34983

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY - ST - ZIP: 34983

TITLE: P
NAME: BOATWRIGHT, CRAIG
STREET ADDRESS: 1137 SE PETUNIA AVE.
CITY - ST - ZIP: PT ST. LUCIE FL

21 TITLE: Change Addition
22 NAME: D FRED MASUCCI
23 STREET ADDRESS: 242 NW CURTIS ST
24 CITY - ST - ZIP: PT ST LUCIE FL 34983

TITLE: DVP
NAME: STANTON, BOB
STREET ADDRESS: 398 SW COVINGTON RD.
CITY - ST - ZIP: PT ST LUCIE FL

31 TITLE: Change Addition
32 NAME: D/VP DEBBIE SNEIDER
33 STREET ADDRESS: 1330 SE ORKMOND LN
34 CITY - ST - ZIP: PT ST LUCIE FL 34952

TITLE: ~~DVP~~
NAME: SUMMERS, STEVEN
STREET ADDRESS: 1601 SE MISTLETOE ST.
CITY - ST - ZIP: PT ST LUCIE FL

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY - ST - ZIP: 34983

TITLE: SD
NAME: PEGGY, JENNETTE
STREET ADDRESS: 2399 SE MONITOR ST.
CITY - ST - ZIP: PT ST. LUCIE FL

51 TITLE: Change Addition
52 NAME: S D JOANNE FERRARA
53 STREET ADDRESS: 712 SE THANKSGIVING ST
54 CITY - ST - ZIP: PORT ST LUCIE FL 34984

TITLE: D
NAME: ROBERTS, NANCY
STREET ADDRESS: 294 SW KIMBALL CIR
CITY - ST - ZIP: PT ST. LUCIE FL

61 TITLE: Change Addition
62 NAME: D/VP JULIE LYFORD
63 STREET ADDRESS: 301 SW DEGOUVERTER
64 CITY - ST - ZIP: PT ST LUCIE FL 34984

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dewey W. Hudman DEWEY W. HUDMAN 4-12-95 407-337-7037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Figure #)