

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 712892 (9)

1. Corporation Name

PORT ST LUCIE LITTLE LEAGUE, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
06/07/1967

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **HUDMAN, DEWEY W**
STREET ADDRESS **113 SW EYERLY AVE**
CITY-ST-ZIP **PT ST LUCIE, FL 00000**

TITLE ☐ DELETE
NAME **D MASUCCI, FRED**
STREET ADDRESS **292 NW CURTIS ST.**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE ☐ DELETE
NAME **DVP SNEIDER, DEBBIE**
STREET ADDRESS **1330 SE OAKMONT LANE**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE ☐ DELETE
NAME **P SUMNERS, STEVEN**
STREET ADDRESS **1601 SE MISTLETOE ST.**
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE ☒ DELETE
NAME **SD FERRARA, JOANNE**
STREET ADDRESS **712 SE THANKSGIVING ST.**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE ☒ DELETE
NAME **DVP LYFORD, JULIE**
STREET ADDRESS **301 SW DEGOUVEA TER.**
CITY-ST-ZIP **PT. ST. LUCIE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **SEC/DIR**
5.3 STREET ADDRESS **DEBBIE ROBBINS**
5.4 CITY-ST-ZIP **2138 SE HARLOWE ST**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **DIR**
6.3 STREET ADDRESS **SCOTT LOVEN**
6.4 CITY-ST-ZIP **2014 SE HIDEAWAY CR**

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 199.032, 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.

SIGNATURE: *Dewey W. Hudman*

DEWEY W HUDMAN

4/13/96

407-878-0921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)