

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994 1995



FLORIDA DEPARTMENT OF STATE
Jen Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JAN 30 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726102

1. Corporation Name

Altamonte Springs Little League, Inc.

Mailing Address

P.O. Box 151221
Altamonte Springs, FL 32701

Principal Place of Business

830 Magnolia Ave.
Altamonte Springs, FL 32701

If above addresses are incorrect in any way, use the following incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address

21

2a. Principal Place of Business

26

3. Date Incorporated or Qualified

4-12-73

3a. Date of Last Report

3-08-94

4. FEI Number

23-7427361

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

6. Election Campaign

Financing Trust

Fund Contribution ☐

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☒

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,

Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Sarah Reece
543 Baybreeze Ln.
Alt. Spgs., FL 32714

10. Name and Address of New Registered Agent

Debbie Riggle
Street Address (P.O. Box Number is Not Acceptable)
116 Water Oak Ln.
City
Alt. Spgs. FL Zip Code
32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE Debbie Riggle - President

9-11-94

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(b), 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 607 or 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: Edie Swanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vernon L. Ford

9-11-94 (407) 988-2399

1-25-95 (407) 330-5365