


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

FILED
Mar 16, 2005 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # 757873 1. Entity Name OCOEE LITTLE LEAGUE, INC. | |  |
| Principal Place of Business P.O. BOX 266 OCOEE, FL 34761 | Mailing Address P.O. BOX 266 OCOEE, FL 34761 | |



02212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 52-1234561 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

5. Name and Address of Current Registered Agent

HOOD, GARY
2028 HEDGEROW CIRCLE
OCOEE, FL 34061

**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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000265517
03/16/05-80060-013 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HOOD, GARY 2028 HEDGEROW CIRCLE OCOEE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD PARKER, KAREN 969 SATIN LEAF CIRCLE OCOEE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD BERRISH, JIM 657 OLYMPIC DR. OCOEE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD EVANS, LISA 1822 PRAIRIE LAKE BLVD. OCOEE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
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)(f), 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: *Karen Parker - Karen Parker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05 *407-858-8507*
Date Daytime Phone #