

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 021 \*\*\*\*61.25

**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

40140000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
52-1234561

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTERS, DONALD  
760 WILLETT DR  
WINTER GARDEN, FL 34787

Name Gary Hood  
Street Address (P.O. Box Number is Not Acceptable)

2028 Hedgerow Cir

City Ocoee

FL 34761

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

6/27/07

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME WINTERS, DONALD  
STREET ADDRESS 760 WILLETT DR  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE P ☐ Change ☒ Addition  
NAME Gary Hood  
STREET ADDRESS 2028 Hedgerow Cir  
CITY-ST-ZIP Ocoee, FL 34761

TITLE V ☐ Delete  
NAME WOZNAK, GARY  
STREET ADDRESS 6733 SAWMILL BLVD  
CITY-ST-ZIP OCOEE, FL 34761

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CREWS, KAREN  
STREET ADDRESS 969 SATIN LEAF CIR  
CITY-ST-ZIP OCOEE, FL 34761

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME DENMARK, TAMMY  
STREET ADDRESS 473 FORT COLLINS CT  
CITY-ST-ZIP OCOEE, FL 34761

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the like empowered.

SIGNATURE

Karen L. Crews

Karen L. Crews

407-8776519