

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 743297 (4)

1. Corporation Name

CORAL SPRINGS AMERICAN LITTLE LEAGUE, INC.

FILED

95 FEB 17 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10000 N.W. 29TH STREET P.O. BOX 8803 CORAL SPRINGS FL 33065	10000 N.W. 29TH STREET P.O. BOX 8803 CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified 06/16/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 16-0070026	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEISSMAN ESQ., HAROLD 4597 N. UNIVERSITY DR. LAUDERHILL FL 33351	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Libby Fischer V/D ☒ Change ☐ Addition
NAME	RECCHI, RAYOMON	1.2 NAME	
STREET ADDRESS	11762 NW 26 CT.	1.3 STREET ADDRESS	1704 Vesta Drive
CITY-ST-ZIP	CORAL SPRGS FL	1.4 CITY-ST-ZIP	Coral Springs, Fla. 33071
TITLE	VD	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	BEVERLY, ABRAM	2.2 NAME	Tony Spina
STREET ADDRESS	268 NW 107 TERR.	2.3 STREET ADDRESS	11251 N.W. 21st Street
CITY-ST-ZIP	CORAL SPRGS FL	2.4 CITY-ST-ZIP	Coral Springs, Fla. 33071
TITLE	VD	3.1 TITLE	V/D ☒ Change ☐ Addition
NAME	FORD, FRED	3.2 NAME	Pam Carnahan
STREET ADDRESS	1791 N.W. 107TH DR.	3.3 STREET ADDRESS	611 Lyons Road #8106
CITY-ST-ZIP	CORAL SPRGS FL	3.4 CITY-ST-ZIP	Coral Springs, Fla. 33063
TITLE	TD	4.1 TITLE	S/D ☒ Change ☐ Addition
NAME	COBB, CHARLES	4.2 NAME	Ben Abram
STREET ADDRESS	10400 NW 2 ST	4.3 STREET ADDRESS	268 N.W. 107 Terrace
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	Coral Springs, Fla. 33071
TITLE	VD	5.1 TITLE	T/D ☒ Change ☐ Addition
NAME	ARNOW, GARY	5.2 NAME	Linda Smith
STREET ADDRESS	9811 NW 28TH COURT	5.3 STREET ADDRESS	1608 Cypress Point Drive
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	Coral Springs, Fla. 33005
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 118.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth W. Fischer ELIZABETH W. FISCHER 2/5/95 305.755.6227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name #)