

# 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 # **743297** (4)

1. Corporation Name

**CORAL SPRINGS AMERICAN LITTLE LEAGUE, INC.**



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  
**02/17/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

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

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 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 PD ☐ DELETE  
NAME FISCHER, LIBBY  
STREET ADDRESS 1704 VESTAL DRIVE  
CITY-ST-ZIP CORAL SPRGS FL

TITLE VD ☐ DELETE  
NAME SPINA, TONY  
STREET ADDRESS 11251 NW 21ST ST  
CITY-ST-ZIP CORAL SPRGS FL

TITLE VD ☒ DELETE  
NAME CARNAHAN, PAM  
STREET ADDRESS 611 LYONS ROAD #8106  
CITY-ST-ZIP CORAL SPRGS FL

TITLE SD ☒ DELETE  
NAME ABRAM, BEN  
STREET ADDRESS 268 NW 10TH TERR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE TD ☒ DELETE  
NAME SMITH, LINDA  
STREET ADDRESS 1608 CYPRESS POINT DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 SD ☒ Change ☒ Addition  
4.2 NAME BEVERLY ABRAM  
4.3 STREET ADDRESS 268 NW 10 TERR.  
4.4 CITY-ST-ZIP CORAL SPRINGS FL 33071

5.1 TITLE TD ☐ Change ☒ Addition  
5.2 NAME KEVIN V. O'KEEFE  
5.3 STREET ADDRESS 11220 NW 40 ST.  
5.4 CITY-ST-ZIP CORAL SPRINGS FL 33065

6.1 TITLE ☐ Change ☐ Addition  
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 119.07(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; 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: *Kevin V. O'Keefe* KEVIN V. O'KEEFE TREASURER 1/29/96 954 467-4420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)