

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 702201 (5)

1. Corporation Name

PINECASTLE AREA LITTLE LEAGUE INC

Principal Place of Business

Mailing Address

814 W. OAK RIDGE RD.  
ORLANDO FL 32809

POST OFFICE BOX 593425  
ORLANDO FL 32859-3425



3. Date Incorporated or Qualified

03/25/1964

3a. Date of Last Report

05/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINSLOW, GEORGE JR.  
65 EAST CENTRAL AVE.  
ROOM 940  
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SAUNDERS, TOM	
STREET ADDRESS	5780 ROCKWOOD AVE.	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WINSLOW, GEORGE JR.	
STREET ADDRESS	5652 LAKE MARY JESS SHORES CT.	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WINSLOW, BOBBIE	
STREET ADDRESS	5652 LAKE MARY JESS SHORES CT.	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FORD, JIM	
STREET ADDRESS	5636 LAKE MARY JESS SHORES CT.	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME	Bob Morgan		
13 STREET ADDRESS	5922 Jason St.		
14 CITY - ST - ZIP	Orlando, FL 32809		
21 TITLE	VD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	Dave Mikulski		
23 STREET ADDRESS	1820 Bonaventure Dr.		
24 CITY - ST - ZIP	Orlando FL 32806		
31 TITLE	SD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32 NAME	Wayman Williams		
33 STREET ADDRESS	P.O. Box 555651		
34 CITY - ST - ZIP	Orlando, Florida 32855		
41 TITLE	TD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
42 NAME	April Wells		
43 STREET ADDRESS	6744 Mather Ave		
44 CITY - ST - ZIP	Orlando FL 32809		
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)