

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763180

Entity Name: ST. AUGUSTINE LITTLE LEAGUE, INC.

Current Principal Place of Business:

100 WALER WAY
ST. AUGUSTINE, FL 32086

Current Mailing Address:

P.O. BOX 305
ST. AUGUSTINE, FL 32085

FEI Number: 52-1287648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALER, RICHARD L III
100 WALER WAY
ST AUGUSTINE, FL 32086 US

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.

SIGNATURE: RICHARD WALER III

01/10/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DV
Name MARTIN, MARTY
Address 237 MONTEREY AVE
City-State-Zip: SAINT AUGUSTINE FL 32084

Title D, T, O
Name WALER, RICHARD L JR.
Address 100 WALER WAY
City-State-Zip: ST. AUGUSTINE FL 32086

Title D, P
Name TIM, DURAND
Address 2995 STRATTON BLVD
City-State-Zip: ST. AUGUSTINE FL 32084

Title SECRETARY, DIRECTOR
Name WALER , RICHARD L III
Address 232 BONITA ROAD
City-State-Zip: ST. AUGUSTINE FL 32086

Title VP
Name WOOD, GURNA
Address P.O. BOX 305
City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, D
Name ABARE, BILL III
Address P.O. BOX 305
City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, D
Name RIDDELL, MYKEL
Address P.O. BOX 305
City-State-Zip: ST. AUGUSTINE FL 32085

Title D, VP
Name LETH, LAUREN
Address P.O. BOX 305
City-State-Zip: ST. AUGUSTINE FL 32085

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD L , WALER, JR.

TREASURER

01/10/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, D
Name SCHIRALDI, JOSEPH
Address P.O. BOX 305
City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, D
Name MAURER, CATHERINE L
Address P.O. BOX 305
City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, D
Name MCCREADY, ROB
Address P.O. BOX 305
City-State-Zip: ST. AUGUSTINE FL 32085

Title D, OTHER
Name HERSEY, TREVOR
Address P O BOX 305
City-State-Zip: ST AUGUSTINE FL 32085

Title VP
Name EATON, JOHN
Address P.O. BOX 305
City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, CORRESPONDING SECRETARY
Name MEADE, MARY
Address P.O. BOX 305
City-State-Zip: ST. AUGUSTINE FL 32085

Title D, OTHER
Name TAYLOR, WADE
Address P O BOX 305
City-State-Zip: ST AUGUSTINE FL 32085