#### **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 763180** 

Entity Name: ST. AUGUSTINE LITTLE LEAGUE, INC.

FILED
Jan 09, 2013
Secretary of State
CC3479920118

# **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:

DURAND, TIM 2995 STRATTON BLVD ST AUGUSTINE, FL 32084 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:

Name

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title DV Title D, VP

Name MARTIN, MARTY Name WALER, RICHARD L JR.

Address 237 MONTEREY AVE Address 100 WALER WAY

City-State-Zip: SAINT AUGUSTINE FL 32084 City-State-Zip: ST. AUGUSTINE FL 32086

Title PD Title TREASURER, SECRETARY, DIRECTOR

TIM, DURAND .....

Name

Address 2995 STRATTON BLVD

Address 232 BONITA ROAD

City-State-Zip: ST. AUGUSTINE FL 32084 City-State-Zip: ST. AUGUSTINE FL 32086

Title VP, DIRECTOR Title VP, DIRECTOR

Name MAURER, CATHERINE L Name DILLINGER, TERRY

Address P.O. BOX 305 Address P.O. BOX 305

City-State-Zip: ST. AUGUSTINE FL 32085 City-State-Zip: ST. AUGUSTINE FL 32085

TitleVP, DIRECTORTitleVP, DIRECTORNameHANSEN, DILLIONNameNAPIER, JONAddressP.O. BOX 305AddressP.O. BOX 305

City-State-Zip: ST. AUGUSTINE FL 32085 City-State-Zip: ST. AUGUSTINE FL 32085

# Continues on page 2

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 III

TREASURER/SECRETARY 01/09/2013

WALER, RICHARD LIII

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP, DIRECTOR
Name POWERS, MIKE
Address P.O. BOX 305

City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, DIRECTOR

Name HOLBROOK, SUE

Address P.O. BOX 305

City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, DIRECTOR
Name CASILLAS, MARTIN

Address P.O. BOX 305

City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR

Name WELU, JAMIE

Address P.O. BOX 305

City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, DIRECTOR
Name CENITE, STACEY
Address P.O. BOX 305

City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, DIRECTOR

Name HOLBROOK, RANDALL

Address P.O. BOX 305

City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, DIRECTOR
Name RANICK, JEN
Address P.O. BOX 305

City-State-Zip: ST. AUGUSTINE FL 32085