

2016 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

01/22/2016

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, VP
Name WALER, RICHARD L JR.
Address 100 WALER WAY
City-State-Zip: ST. AUGUSTINE FL 32086

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

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

Title PRESIDENT
Name DURAND, TIM
Address P.O. BOX 305
City-State-Zip: ST. AUGUSTINE FL 32085

Title VP, DIRECTOR
Name NAPIER, JON
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

Title DIRECTOR
Name WELU, JAMIE
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 WALER III

TREASURER

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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