2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763180

Entity Name: ST. AUGUSTINE LITTLE LEAGUE, INC.

FILED Jan 18, 2023 **Secretary of State** 7190113558CC

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 01/18/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title **TREASURER**

MARTIN, MARTY WALER, RICHARD L JR. Name Name

237 MONTEREY AVE 100 WALER WAY Address Address

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

Title **PRESIDENT** Title DIRECTOR Name LETH, LAUREN Name WALER, RICHARD LIII Address P.O. BOX 305 Address 232 BONITA ROAD

ST. AUGUSTINE FL 32085 City-State-Zip: City-State-Zip: ST. AUGUSTINE FL 32086

Title **OTHER** Title VP, D

Name TAYLOR, WADE Name MAURER, CATHERINE L Address P O BOX 305 Address P.O. BOX 305

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

Title DIRECTOR, OFFICER Title ASST. SECRETARY Name BAKER, CHARLIE DURAND, DARLA Name P.O. BOX 305 Address

2995 STRATTON BLVD Address

City-State-Zip: ST. AUGUSTINE FL 32085 City-State-Zip: ST AUGUSTINE FL 32084

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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.

01/18/2023 SIGNATURE: RICHARD WALER JR TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title OFFICER

NameLETH, MICKYNameIRVIN, RICHARDAddressP.O. BOX 305AddressP.O. BOX 305

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

TitleVP, DIRECTORTitleVP- JR MINORNameMCDANIEL, BENNameBARNETT, TYLERAddressP.O. BOX 305Address388 SIERRAS LOOP

City-State-Zip: ST. AUGUSTINE FL 32085 City-State-Zip: ST. AUGUSTINE FL 32086