

**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: 814 W. OAK RIDGE RD. ORLANDO FL 32809  
Mailing Address: POST OFFICE BOX 593425 ORLANDO FL 32859-3425

3. Date Incorporated or Qualified <b>03/25/1964</b>	3a. Date of Last Report <b>05/25/1995</b>
4. FEI Number <b>59-1865469</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SAUNDERS, TOM 5780 ROCKWOOD AVE. ORLANDO FL 32839	11 TITLE	PD Bob Morgan 5922 Jason St. Orlando, FL 32809
NAME	VD WINSLOW, GEORGE JR. 5852 LAKE MARY JESS SHORES CT. ORLANDO FL 32839	12 NAME	VD Dave Mikulski 1920 Bonnevile Dr. Orlando FL 32806
STREET ADDRESS	SD WINSLOW, BOBBIE 5852 LAKE MARY JESS SHORES CT. ORLANDO FL 32839	21 TITLE	SD Wayman Williams P.O. Box 555651, Orlando, Florida 32855
CITY - ST - ZIP	TD FORD, JIM 5636 LAKE MARY JESS SHORES CT. ORLANDO FL 32839	22 NAME	TD April Wells 6744 Mather Ave Orlando FL 32809
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE	
		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: *Bob Morgan* 2-4-96 407-356-2874  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (12/95)