

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90009 048 ****70.00

DOCUMENT # 705473 1. Entity Name WINTER PARK LITTLE LEAGUE, INC.			
Principal Place of Business ST ANDREWS AVE. AT LOCH LOMOND AVE. P.O. BOX 4552 WINTER PARK, FL 32793		Mailing Address P O BOX 3702 P.O. BOX 4552 WINTER PARK, FL 32790 US	
2. Principal Place of Business St. Andrews Ave. at Loch Lomond Ave Suite, Apt. #, etc. P.O. Box 3702		3. Mailing Address P.O. Box 3702 Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32790	Country U.S.	Zip 32790	Country U.S.
6. Name and Address of Current Registered Agent LOGAN, AMY M 5533 ALBERT DRIVE WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name MARTHA BAKER Street Address (P.O. Box Number is Not Acceptable) 375 CORTLAND AVE City WINTER PARK FL Zip Code 32789	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE MARTHA BAKER - PRES. for TREAS. DATE July 13, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOGAN, AMY 5533 ALBERT DRIVE WINTER PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. MARTHA BAKER 375 CORTLAND AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORELLE, DAN 616 BRECHIN DRIVE WINTER PARK, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOBLOCK, CARIN 660 DUNBLANE DR. WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: DANIEL J. MORELLE TREAS.		Date July 13, 2004 Daytime Phone # (407) 647 8566	