



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90004 001 \*\*\*\*61.25

<b>DOCUMENT # 705473</b> 1. Entity Name <b>WINTER PARK LITTLE LEAGUE, INC.</b>					
Principal Place of Business <b>ST ANDREWS AVE. AT LOCH LOMOND AVE.</b> <b>P.O. BOX 3702</b> <b>WINTER PARK, FL 32790</b>			Mailing Address <b>P O BOX 3702</b> <b>WINTER PARK, FL 32790 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>50063409</b> 	
City & State		City & State		07252005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>52-1287615</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>BAKER, MARTHA</b> <b>375 CORTLAND AVE</b> <b>WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BAKER, MARTHA</b> <b>375 CORTLAND AVE</b> <b>WINTER PARK, FL 32789</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Lee Stuart Smith</b> <b>1613 Chase Landing Way</b> <b>Winter Park FL 32789</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MORELLO, DAN</b> <b>616 BRECHIN DRIVE</b> <b>WINTER PARK, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Kevin Robillard</b> <b>1616 Palmer Ave</b> <b>Winter Park FL 32789</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HOBLOCK, CARIN</b> <b>660 DUNBLANE DR.</b> <b>WINTER PARK, FL 32792</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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.					
<b>SIGNATURE:</b> _____ <b>Lee Stuart Smith</b>			Date <b>7/25/05</b> Daytime Phone # <b>407 644 4603</b>		