FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:59

DOCUMENT # 706213 (6)

1. Corporation Name
VENICE LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2154 VENICE FL 34284-9154	P.O. BOX 2154 VENICE FL 34284-9154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1963
3a. Date of Last Report: 02/07/1994
4. FEI Number: 23-7400963 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34284-2154 Country 25	Zip 29: 34284-2154 Country 30

9. Name and Address of Current Registered Agent

MOORE, ROBERT L
227 NOKOMIS AVE
VENICE FL 33595

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	DCP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	HEATH, ROSEANN	1.2 NAME	DALTON, TOG	
STREET ADDRESS	4821 EGRET RD.	1.3 STREET ADDRESS	1218 VERMEER DR.	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	DST	2.1 TITLE	DT	☒ Change ☐ Addition
NAME	FOUST, JUDY	2.2 NAME	TOTH, JOSEPH	
STREET ADDRESS	615 CLEMATIS RD	2.3 STREET ADDRESS	813 GULF COAST BLVD.	
CITY-ST-ZIP	VENICE FL 34293	2.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE	DCP	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	HEATH, LARRY	3.2 NAME	WEBER, CHERYL	
STREET ADDRESS	4821 EGRET RD	3.3 STREET ADDRESS	1681 VALLEY DRIVE	
CITY-ST-ZIP	VENICE FL 34293	3.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Joseph S. Toth, Jr. JOSEPH S. TOTH, JR. 1-24-95 813-485-8106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044287