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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706213

1. Corporation Name

VENICE LITTLE LEAGUE, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/27/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7400963 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ADINOLFI, ARLYN
900 THE RIALTO
VENICE FL 34285

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 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	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEBER, CHERYL		1.2 NAME		
STREET ADDRESS	1681 VALLEY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENCIE FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ADINOLFI, ARLYN		2.2 NAME		
STREET ADDRESS	900 THE RIALTO		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		2. 4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	HIGEL, DEBBIE		3.2 NAME	BERNER, ANN	
STREET ADDRESS	223 LAKESHORE DR		3.3 STREET ADDRESS	116 TINA ISLAND DR.	
CITY-ST-ZIP	NOKOMIS FL		3.4. CITY-ST-ZIP	OSPREY, FL. 34229	
TITLE	[redacted]	☐ DELETE	4.1 TITLE	DVP	☐ Change ☒ Addition
NAME	[redacted]		4. 2 NAME	[redacted] CARROLL, RICH	
STREET ADDRESS			4.3 STREET ADDRESS	1755 E. VENICE AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	VENICE, FL. 34292	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Cheryl Weber TREASURER 1-9-99 1-941-484-5054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #