

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 708631 (7)

1. Corporation Name

INDIAN RIVER COUNTY LITTLE LEAGUE, INC.



Principal Place of Business

3995 18TH STREET  
P.O. BOX 2519  
VERO BEACH FL 32961-9519

Mailing Address

3995 18TH STREET  
P.O. BOX 2519  
VERO BEACH FL 32961  
US

3. Date Incorporated or Qualified  
03/12/1965

3a. Date of Last Report  
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-0950327

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EARLYWINE, SUSAN T.  
1971 14 AVE  
VERO BEACH FL 32960

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1500 14th Ave, Suite B

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEALS, CHRIS	
STREET ADDRESS	1576 31ST AVENUE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ODOM, MARK	
STREET ADDRESS	4395 2ND CIRCLE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSSO, JOHN	
STREET ADDRESS	3565 2ND LANE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Susan Luther	
STREET ADDRESS	685 27th Drive	
CITY - ST - ZIP	VERO BEACH, FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Susan Earlywine	
STREET ADDRESS	4385 2nd Circle	
CITY - ST - ZIP	VERO BEACH, FL 32968	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	Leroy Lewis	
STREET ADDRESS	665 32nd Court SW	
CITY - ST - ZIP	VERO BEACH, FL 3296	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Phillip Wellmaker	
1.3 STREET ADDRESS	6235 Seventh Lane	
1.4 CITY - ST - ZIP	VERO BEACH, FL 32968	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0016260

CR2E037 (3/96)