

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714850

(5)

1. Corporation Name

COCOA LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1567
COCOA FL 32923-1567

P.O. BOX 1567
COCOA FL 32923-1567



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/28/1968

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2040839

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

WOHN, ROBERT A., JR.
960 N. COCOA BLVD.
COCOA FL 32922

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

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 PD
NAME HILL, MICHAEL A
STREET ADDRESS 1628 MANOR DR
CITY-ST-ZIP COCOA FL

☒ DELETE

TITLE SD
NAME WOHN, ROBERT A
STREET ADDRESS 960 N COCOA BLVD.
CITY-ST-ZIP COCOA FL

☒ DELETE

TITLE TD
NAME HILL, PATRICIA
STREET ADDRESS 1628 MANOR DRIVE
CITY-ST-ZIP COCOA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME HOOG, JOHN M.
1.3 STREET ADDRESS 3830 Dakota Ave
1.4 CITY-ST-ZIP Cocoa, FL

☒ Change

☐ Addition

2.1 TITLE VD
2.2 NAME WILLIAMS, JAMES
2.3 STREET ADDRESS 1616 Cocoa Bay Blvd
2.4 CITY-ST-ZIP Cocoa, FL

☒ Change

☐ Addition

3.1 TITLE SD
3.2 NAME HOOG, JEANNIE M.
3.3 STREET ADDRESS 3830 Dakota Ave
3.4 CITY-ST-ZIP Cocoa, FL

☒ Change

☐ Addition

4.1 TITLE TD
4.2 NAME WILSON, KIMBERLY
4.3 STREET ADDRESS 3745 Felda St
4.4 CITY-ST-ZIP Cocoa, FL

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

John M. Hoog
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96
Date

639-4834
Daytime Phone

CR2E037 (12/95)