FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 POCUMENT #

714850

(5)

i, Corporatio	III MAINE	, ,			
COCOA LITTLE LEAGUE, INC.					
Principal Plac	ee of Business	Mailing Address			#811 - 8 1811 - 818 11 - 81814 - 81814 - 81814 - 81814 - 81814
P.O. BOX 1567 COCOA FL 328	•	P.O. BOX 1567 COCOA FL 32923-1567			
				3. Date Incorporated or Qualified 06/28/1968	3a. Date of Last Report 03/12/1996
2. Principal P	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21] 26 Suite. Apt. #, etc.		26 Suite, Apt. #, etc.		59-2040839	Not Applicable
27 27		<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30		Yes No
	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
IA/OLIN	DODEDT A ID				
WOHN, ROBERT A., JR. 960 N. COCOA BLVD.			82 Street A	ddress (P.O. Box Number is Not Acceptab	ile)
COCOA FL 32922			63		
0000/1	1 2 05002		104		10-1 - O-4-
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statut-	es, the above-named o	orporation submits this statement for the poration's board of directors. I hereby accep	surpose of changing its registered
agent. I a	am familiar with, and accept the obl	igations of, Section 617.0503, Flo	orida Statutes.	ration's board of directors. Thereby accep	it the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered	THE THE PARTY OF T			DATE
12.		AND DIRECTORS	 Registered Agent signature re 13. 	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		XX Change Addition
NAME	HOGO; JOHN M.		1.2 NAME	HOOG	, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	3830 DAKOTA AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	WILLIAMS, JAMES		2.2 NAME		
STREET ADDRESS	1616 COCOA BAY BLVD COCOA FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	-SD-	DELETE	2 4 CITY - ST - ZIP 31 TITLE	TD	X Change Addition
NAME	HOOG, JEANNIE M.		3.2 NAME	HOOG, JEANNIE M.	See analysis (1)
STREET ADDRESS	3830 DAKOTA EVNEU		3.3 STREET ADDRESS	3830 DAKOTA AVENUE	-
CITY-ST-ZIP	COCOA FL		3.4. CITY-ST-ZIP	COCOA FL	_
TITLE	TD	XX DELETE	4.1 TITLE	SD	Change 🔀 Addition
NAME	WILSON, KIMBERLY		4. 2 NAME	SOREY, DEBRA	
STREET ADDRESS	3745 FELDA STREET		4.3 STREET ADDRESS	2055 DEVONSHIRE AV	/ENUE
CITY-ST-ZIP	COCOA FL	Datiese	4.4 CITY - ST - ZIP	COCOA FL	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STOCET LIDDICGO			5.2 NAME 5.3 STREET ADDRESS		ł
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		B
STREET ADDRESS			6.3 STREET ADDRESS		
Arms African	1		0.4.0(2), 07.7(0		ļ

14. I do 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.

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FILED

Feb 11 1997 8:00am

Secretary of State