


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90043 026 \*\*\*\*61.25

0019572

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 714850**

1. Corporation Name  
**COCOA LITTLE LEAGUE, INC.**

Principal Place of Business P.O. BOX 1567 COCOA FL 32923-1567	Mailing Address P.O. BOX 1567 COCOA FL 32923-1567
---	---

101118-90043-26



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>06/28/1968</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2040839</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>WOHN, ROBERT A., JR. 980 N. COCOA BLVD. COCOA FL 32922</b>	10. Name and Address of New Registered Agent 81 Name <b>GEORGE T. PAULK, II</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>1901-6 Highway 1A</b> 84 City <b>Indian Harbour Beach FL</b> 85 Zip Code <b>32937</b>
--	---

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 *George T. Paulk* **George T. Paulk** DATE **1/12/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GUILFORD, DONALD</b>		1.2 NAME <b>MONTY COX</b>	
STREET ADDRESS <b>1846 LONGLEAF ROAD</b>		1.3 STREET ADDRESS <b>2402 East Friday Circle</b>	
CITY-ST-ZIP <b>COCOA FL 32926</b>		1.4 CITY-ST-ZIP <b>Cocoa, FL 32926</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TRUES, SHERRY</b>		2.2 NAME <b>DAVE FRANKLIN</b>	
STREET ADDRESS <b>3023 COVENTRY COURT</b>		2.3 STREET ADDRESS <b>5060 Saturday Place</b>	
CITY-ST-ZIP <b>COCOA FL 32926</b>		2.4 CITY-ST-ZIP <b>Cocoa, FL 32926</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUFF, SHELLEY</b>		3.2 NAME <b>SALLY COX</b>	
STREET ADDRESS <b>3471 CRAGGY BLUFF PLACE</b>		3.3 STREET ADDRESS <b>2404 East Friday Circle</b>	
CITY-ST-ZIP <b>COCOA FL 32926</b>		3.4 CITY-ST-ZIP <b>Cocoa, FL 32926</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOREY, DEBRA</b>		4.2 NAME	
STREET ADDRESS <b>2055 DEVONSHIRE AVE.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>COCOA FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* **SIGNATURE REQUIRED**

**1/9/99 (407) 631-5427**

CR2E037 (1198)