FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **715441** **(2)**

1. Corporation Name

OVIEDO LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
112 KING ST. P.O. BOX 935 OVIEDO FL 32765	112 KING ST. P.O. BOX 935 OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1278623 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOLMES, MARK
3948 BISCAYNE DR.
WINTER SPGS. FL 32708

10. Name and Address of New Registered Agent

81 Name: Rankin, Thomas E.
82 Street Address (P.O. Box Number is Not Acceptable): 31 Partridge Circle
83
84 City: Oviedo-Winter Springs FL 85 Zip Code: 32708 32765

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Thomas E Rankin 4-29-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D ☒ Change ☐ Addition
NAME	HOLMES, MARK	12 NAME	Rankin, Thomas
STREET ADDRESS	3948 BISCAYNE DR.	13 STREET ADDRESS	31 Partridge Circle
CITY-ST-ZIP	WINTER SPGS. FL 32708	14 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	TD	21 TITLE	T/D ☒ Change ☐ Addition
NAME	BOUTWELL, CONNIE	22 NAME	Amy Goodwin
STREET ADDRESS	925 PINE HILL BLVD.	23 STREET ADDRESS	1003 Abell Circle
CITY-ST-ZIP	GENEVA FL 32732	24 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	SD	31 TITLE	S/D ☒ Change ☐ Addition
NAME	HICKEY, JOHN	32 NAME	Lynn Bourne
STREET ADDRESS	9457 BROWN WOOD CT.	33 STREET ADDRESS	845 Wellington Ave.
CITY-ST-ZIP	OVIEDO FL 32765	34 CITY-ST-ZIP	Oviedo, FL 32765
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	100001518151
STREET ADDRESS		53 STREET ADDRESS	-06/20/95--01110--018
CITY-ST-ZIP		54 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1 + 4

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: Amy E. Goodwin Amy E. Goodwin 4-29-95 407-366-8765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032020