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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

P.O. BOX 620935  
OVIEDO FL 32762-0935



3. Date Incorporated or Qualified  
10/21/1968

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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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

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

RANKIN, THOMAS E  
31 PARTRIDGE CIRCLE  
WINTER SPRINGS FL 32708

81 Name Lori Mott

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

83 9 First Street

84 City Chuluota Florida FL

85 Zip Code 32766

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 R. A. Mott, President

3-17-97

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RANKIN, THOMAS  
STREET ADDRESS 31 PARTRIDGE CIRCLE  
CITY-ST-ZIP WINTER SPGS. FL 32708

DELETE

TITLE TD  
NAME MOTT, LORI  
STREET ADDRESS 9 FIRST ST.  
CITY-ST-ZIP CHULUOTA FL 32766

DELETE

TITLE SD  
NAME MARTIN, EFFIE  
STREET ADDRESS 1803 SIMMONS RD.  
CITY-ST-ZIP OVIEDO FL 32765

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 President - PD  
1.2 NAME Lori Mott  
1.3 STREET ADDRESS 9 First Street  
1.4 CITY-ST-ZIP Chuluota, FL 32766

Change Addition

2.1 TITLE TD Treasurer - TD  
2.2 NAME Lori Mott  
2.3 STREET ADDRESS 9 First Street  
2.4 CITY-ST-ZIP Chuluota, FL 32766

Change Addition

3.1 TITLE SD Secretary - SD  
3.2 NAME Pat Reno  
3.3 STREET ADDRESS 350 Terrace Drive  
3.4 CITY-ST-ZIP Oviedo, FL 32765

Change Addition

4.1 TITLE PD Phil Galati - PD  
4.2 NAME  
4.3 STREET ADDRESS 305 Pioneer Way  
4.4 CITY-ST-ZIP Geneva, FL 32732

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 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.

SIGNATURE: R. A. Mott, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014381

CR2E037 (9/96)