

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 23 PM 1:20

DOCUMENT # 734386 (6)

1. Corporation Name

GOLDENROD LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

9237 FABLE STREET
P.O. BOX 1133
GOLDEN ROD FL 32733
US

9237 FABLE STREET
P.O. BOX 1133
GOLDEN ROD FL 32733
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1975

3a. Date of Last Report

02/02/1994

4. FBI Number

59-1641731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$9.75 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.

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

10. Name and Address of New Registered Agent

**HARDEE, DOROTHY
9237 FABLE STREET
ORLANDO FL 32817**

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 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

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	VD
NAME	WILBUR, GEORGE
STREET ADDRESS	8535 BUTTERNUT BLVD.
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	HARDEE, DOROTHY
STREET ADDRESS	9237 FABLE STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	PD
NAME	WADE, RUSS
STREET ADDRESS	4563 WHIMBREL PLACE
CITY - ST - ZIP	WINTER PARK FL
TITLE	SD
NAME	TOLLIVER, TERRI
STREET ADDRESS	1742 WILLA CR
CITY - ST - ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	Patty Wade
4.4 CITY - ST - ZIP	4563 Whimbrel Place Winter Park FL 32792
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortheim

3/7/95

(407) 657-3502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #