

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/19/1975

3a. Date of Last Report
05/23/1995

2. Principal Place of Business
21 **2000 N. Forsyth Rd.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **PO Box 1133**
Suite, Apt. #, etc.

4. FEI Number
59-1641731
Applied For
Not Applicable

22 City & State
Orlando FL

27 City & State
Goldenrod

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip
32801

28 Zip
FL 33

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No **?**

24 Country
Orange

29 Country
Orange

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 **Betty E. Wade**
82 Street Address (P.O. Box Number is Not Acceptable)
4563 Whimbrel Place
83 **P.O. Box 1133**
84 City **Goldenrod** FL 85 Zip Code **32733**

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 **Betty E. Wade** **Betty E. Wade** **4-20-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	WILBUR, GEORGE
STREET ADDRESS	8535 BUTTERNUT BLVD.
CITY-ST-ZIP	ORLANDO FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HARDEE, DOROTHY
STREET ADDRESS	9237 FABLE STREET
CITY-ST-ZIP	ORLANDO FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	WADE, RUSS
STREET ADDRESS	4563 WHIMBREL PLACE
CITY-ST-ZIP	WINTER PARK FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WADE, BETTY
STREET ADDRESS	4563 WHIMBREL PLACE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cheryl P. Blackwell
1.3 STREET ADDRESS	3062 Bluebrook Drive
1.4 CITY-ST-ZIP	Winter Park, FL 32792
2.1 TITLE	Treasurer D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Betty E. Wade
2.3 STREET ADDRESS	4563 Whimbrel Place
2.4 CITY-ST-ZIP	Winter Park FL 32792
3.1 TITLE	V. President softball D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jeff Wolf
3.3 STREET ADDRESS	2053 Ponderosa Ave
3.4 CITY-ST-ZIP	Winter Park FL 32792
4.1 TITLE	Secretary D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marge Jervoy
4.3 STREET ADDRESS	1938 Crescent Blvd
4.4 CITY-ST-ZIP	Orl FL 32817
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Cheryl P. Blackwell** **4/23/96** **(407)632-5800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Phone #

CR2E037 (12/95)