FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:51

DOCUMENT # 735201 (6)

1. Corporation Name
WEST HERNANDO LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5333 SPRING HILL FL 34606-0333	P.O. BOX 5333 SPRING HILL FL 34606-0333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1976
3a. Date of Last Report: 05/02/1994
4. FEI Number: 59-2406712 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAVARESE, LISA
5397 PATRICIA PLACE
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

81 Name: DONALD WHITTING
82 Street Address (P.O. Box Number is Not Acceptable): 2415 Olar Court
83
84 City: Spring Hill FL 85 Zip Code: 34608

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 X Donald R. Whitting — DONALD WHITTING, PRESIDENT — January 19, 1995
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	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SAVARESE, LISA	1.2 NAME	WHITTING, DONALD	
STREET ADDRESS	5397 PATRICIA PLACE	1.3 STREET ADDRESS	2415 Olar Court	
CITY-ST-ZIP	SPRING HILL FL 34607	1.4 CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	WHITING, DONALD	2.2 NAME	SZABO, BARBARA	
STREET ADDRESS	2415 OLAR COURT	2.3 STREET ADDRESS	5086 Kenmore Street	
CITY-ST-ZIP	SPRING HILL FL 34608	2.4 CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	CARAYNOFF, DIANE	3.2 NAME		
STREET ADDRESS	10077 HAYWARD RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34608	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	CARAYNOFF, SIMEON	4.2 NAME		
STREET ADDRESS	10077 HAYWARD ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34608	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	COFFEY, DARLENE	5.2 NAME	SAVARESE, LISA	
STREET ADDRESS	4388 UNION SPRINGS ROAD	5.3 STREET ADDRESS	5397 Patricia Place	
CITY-ST-ZIP	SPRING HILL FL 34608	5.4 CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: DONALD WHITTING X Donald R. Whitting — 1/19/95 — (H) 686-0740 (B) 686-2891
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0068766