

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 # **735201** (6)

1. Corporation Name

WEST HERNANDO LITTLE LEAGUE, INC.

Principal Place of Business

P.O. BOX 5333
SPRING HILL FL 34606-0333

Mailing Address

P.O. BOX 5333
SPRING HILL FL 34606-0333



3. Date Incorporated or Qualified
03/10/1976

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2406712

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**WHITING, DONALD
2415 OLAR COURT
SPRING HILL FL 34608**

81 Name

Barbara Szabo

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

5086 Kenmore Street

83

84 City

Spring Hill

FL

85 Zip Code
34608

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

Barbara Szabo President: **BARBARA SZABO 2-18-96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **WHITING, DONALD**
STREET ADDRESS **2415 OLAR COURT**
CITY - ST - ZIP **SPRING HILL FL**

TITLE **VD** ☒ DELETE

NAME **SZABO, BARBARA**
STREET ADDRESS **5086 KENMORE STREET**
CITY - ST - ZIP **SPRING HILL FL**

TITLE **SD** ☒ DELETE

NAME **CARAYNOFF, DIANE**
STREET ADDRESS **10077 HAYWARD RD**
CITY - ST - ZIP **SPRING HILL FL 34608**

TITLE **TD** ☒ DELETE

NAME **CARAYNOFF, SIMEON**
STREET ADDRESS **10077 HAYWARD ROAD**
CITY - ST - ZIP **SPRING HILL FL 34608**

TITLE **D** ☒ DELETE

NAME **SAVARESE, LISA**
STREET ADDRESS **5397 PATRICIA PLACE**
CITY - ST - ZIP **SPRING HILL FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P/D ☒ Change ☐ Addition

Szabo, Barbara
5086 Kenmore St.
Spring Hill, FL 34608

V/D ☒ Change ☐ Addition

Dr. John Batista
10441 Quality Dr.
Spring Hill, FL 34609

D ☒ Change ☐ Addition

Anthony Savarese
5397 Patricia Place
Spring Hill, FL 34607

T/D ☒ Change ☐ Addition

Cash Smith
2127 Toledo Rd.
Spring Hill, FL 34606

D ☒ Change ☐ Addition

Warren Bornstein
14073 Candia St.
Spring Hill, FL 34609

D ☒ Change ☐ Addition

Randy Henry
5271 Birchwood Rd.
Spring Hill, FL 34608

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: *Barbara Szabo* **BARBARA SZABO President 2-18-96 352-686-7641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)