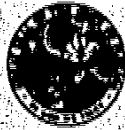


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 10 AM 9:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 737529 (8)

1. Corporation Name

ORANGE CITY LITTLE LEAGUE, INC.

Principal Place of Business

**279 E. GRAVES AVENUE
ORANGE CITY FL 32763**

Mailing Address

**279 E. GRAVES AVENUE
ORANGE CITY FL 32763**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1976

3a. Date of Last Report

02/11/1994

4. FEI Number

59-1743592

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROWTHER, JOHN B
279 E. GRAVES AVENUE
ORANGE CITY FL 32763**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NETTLES, ALLAN B.
STREET ADDRESS	745 TEMPLE AVE.
CITY - ST - ZIP	ORANGE CITY FL
TITLE	VD
NAME	WRIGHT, MICHAEL P.
STREET ADDRESS	520 E. OAKWOOD AVE.
CITY - ST - ZIP	ORANGE CITY FL
TITLE	PA
NAME	BERSON, BECKY
STREET ADDRESS	2101 ALMOND ST.
CITY - ST - ZIP	ORANGE CITY FL 32763
TITLE	SD
NAME	GUILLETTE, DEBBIE
STREET ADDRESS	2022 SPRINGHOLLOW DR.
CITY - ST - ZIP	ORANGE CITY FL
TITLE	TD
NAME	EVERS, YVETTE
STREET ADDRESS	244 UNIVERSITY
CITY - ST - ZIP	ORANGE CITY FL
TITLE	CU
NAME	CRAIG, JIM
STREET ADDRESS	700 N. SPARKMAN AVE.
CITY - ST - ZIP	ORANGE CITY FL 32763

1.1 TITLE	Pres.	☒ Change ☐ Addition
1.2 NAME	J.L. MAUNEY	
1.3 STREET ADDRESS	717 W. French Avenue	
1.4 CITY - ST - ZIP	Orange City, FL 32763	
2.1 TITLE	V-PRES	☒ Change ☐ Addition
2.2 NAME	BECKY BERSON	
2.3 STREET ADDRESS	2101 Almond Street	
2.4 CITY - ST - ZIP	Orange City, FL 32763	
3.1 TITLE	Yvette Evers	☒ Change ☐ Addition
3.2 NAME	244 University	
3.3 STREET ADDRESS	Orange City, FL 32763	
3.4 CITY - ST - ZIP	Orange City, FL 32763	
4.1 TITLE	SEC.	☒ Change ☐ Addition
4.2 NAME	KELLY HAAS	
4.3 STREET ADDRESS	563 James St.	
4.4 CITY - ST - ZIP	Orange City, FL 32763	
5.1 TITLE	TD	☒ Change ☐ Addition
5.2 NAME	BEVERLY TILLER	
5.3 STREET ADDRESS	664 Heather Lane	
5.4 CITY - ST - ZIP	Orange City, FL 32763	
6.1 TITLE	CU	☒ Change ☐ Addition
6.2 NAME	Bob Nolan	
6.3 STREET ADDRESS	815 Tangelo Avenue	
6.4 CITY - ST - ZIP	Orange City, FL 32763	

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:

ROBERT E. NOLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/95
Date

7550928
Daytime Phone #