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.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
279 E. GRAVES AVENUE ORANGE CITY FL 32763	279 E. GRAVES AVENUE ORANGE CITY FL 32763

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

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

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

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	1.1 TITLE	Pres.	☒ Change ☐ Addition
NAME	NETTLES, ALLAN B.	1.2 NAME	J.L. MAUNEY	
STREET ADDRESS	745 TEMPLE AVE.	1.3 STREET ADDRESS	717 W. French Avenue	
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	VD	2.1 TITLE	V-PRES	☒ Change ☐ Addition
NAME	WRIGHT, MICHAEL P.	2.2 NAME	~~BECKY~~ BERSON	
STREET ADDRESS	520 E. OAKWOOD AVE.	2.3 STREET ADDRESS	2101 Almond Street	
CITY-ST-ZIP	ORANGE CITY FL	2.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	PA	3.1 TITLE		☒ Change ☐ Addition
NAME	BERSON, BECKY	3.2 NAME	Yvette Evers	
STREET ADDRESS	2101 ALMOND ST.	3.3 STREET ADDRESS	244 University	
CITY-ST-ZIP	ORANGE CITY FL 32763	3.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	SD	4.1 TITLE	SEC.	☒ Change ☐ Addition
NAME	GUILLEMETTE, DEBBIE	4.2 NAME	Kelly Haas	
STREET ADDRESS	2022 SPRINGHOLLOW DR.	4.3 STREET ADDRESS	563 James St.	
CITY-ST-ZIP	ORANGE CITY FL	4.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	EVERS, YVETTE	5.2 NAME	Beverly Tiller	
STREET ADDRESS	244 UNIVERSITY	5.3 STREET ADDRESS	664 Heather Lane	
CITY-ST-ZIP	ORANGE CITY FL	5.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	CU	6.1 TITLE	CU	☒ Change ☐ Addition
NAME	CRAIG, JIM	6.2 NAME	Bob Noland	
STREET ADDRESS	700 N. SPARKMAN AVE.	6.3 STREET ADDRESS	815 Tangelo Avenue	
CITY-ST-ZIP	ORANGE CITY FL 32763	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)(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: (Robert E. Nolan) 6/28/95 7150928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #