

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 # **737529** (8)

1. Corporation Name

ORANGE CITY LITTLE LEAGUE, INC.



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
07/10/1995

2. Principal Place of Business
21 **1361 W. French Avenue**

2a. Mailing Address
26 **P.O. Box 740365**

4. FEI Number
59-1743592

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 **Orange City, FL**

City & State
28 **Orange City, FL**

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

Zip
24 **32763**

Country
25 **Volusia**

Zip
29 **32763**

Country
30 **Volusia**

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 **GREENHORN, W. LERUS CPA**
82 Street Address (P.O. Box Number is Not Acceptable)
165 S. OAK AVE
83
84 City **ORANGE CITY** FL 85 Zip Code **32763**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

Robert E. Nolan **W. LERUS CPA**

(NOTE: Registered Agent signature required when re-stating)

DATE **4/25/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRES	MAUNEY, J.L.	717 W FRENCH AVENUE	ORANGE CITY FL	<input checked="" type="checkbox"/>
VPRE	BERSON, BECKY	2101 ALMOND STREET	ORANGE CITY FL	<input checked="" type="checkbox"/>
PA	EVERS, YVETTE	244 UNIVERSITY	ORANGE CITY FL	<input checked="" type="checkbox"/>
SEC	HAAS, KELLY	563 JAMES STREET	ORANGE CITY FL	<input type="checkbox"/>
TD	TILLER, BEVERLY	664 HEATHER LANE	ORANGE CITY FL	<input checked="" type="checkbox"/>
D	NOLAND, BOB	815 TANGALO AVENUE	ORANGE CITY FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Robert E. Nolan	815 Tangelo Avenue	Orange City, FL 32763	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice-President	Robert Gregory	314 W. Ohio Avenue	Orange City, FL 32763	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Player Agent	Mike Wright	520 E. Oakwood Avenue	Orange City, FL 32763	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		3000018085	-05/06/96--01024--034	<input type="checkbox"/>	<input type="checkbox"/>
		***61.25		<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	Elizabeth Nolan	815 Tangelo Avenue	Orange City, FL 32763	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equipment Manager	James Aunspaugh	771 Briarcliff Drive	Orange City, FL 32763	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

Robert E. Nolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 (904) 773-0928
Date Daytime Phone #

CR2E037 (12/95)