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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1361 W. FRENCH AVENUE
ORANGE CITY FL 32763

Mailing Address

P.O. BOX 740365
ORANGE CITY FL 32774-03653. Date Incorporated or Qualified
12/14/19763a. Date of Last Report
05/01/19964. FEI Number
59-1743592Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

LEFICS, GREGORY W
165 S. OAK AVE.
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and for if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOLAN, ROBERT E	
STREET ADDRESS	815 TANGELO AVENUE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GREGORY, ROBERT	
STREET ADDRESS	314 W. OHIO AVE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	PAD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, MIKE	
STREET ADDRESS	520 E. OAKWOOD AVE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	SEC	<input checked="" type="checkbox"/> DELETE
NAME	HAAS, KELLY	
STREET ADDRESS	583 JAMES STREET	
CITY - ST - ZIP	ORANGE CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NOLAN, ELIZABETH	
STREET ADDRESS	815 TANGELO AVE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	EMD	<input checked="" type="checkbox"/> DELETE
NAME	AUNSPAUGH, JAMES	
STREET ADDRESS	771 BRIARCLIFF DRIVE	
CITY - ST - ZIP	ORANGE CITY FL 32763	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAD Gregory, Robert
2.3 STREET ADDRESS	314 W. Ohio Avenue
2.4 CITY - ST - ZIP	Orange City, FL 32763
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPD Angela Rader
3.3 STREET ADDRESS	1135 5th Street
3.4 CITY - ST - ZIP	Orange City, FL 32763
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SEC Gina Pronovost
4.3 STREET ADDRESS	465 Lancaster Avenue
4.4 CITY - ST - ZIP	Orange City, FL 32763
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TD Candy Mirdik
5.3 STREET ADDRESS	1115 18th Street
5.4 CITY - ST - ZIP	Orange City, FL 32763
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	EMD Brian Fischer
6.3 STREET ADDRESS	662 W. Central Avenue
6.4 CITY - ST - ZIP	Orange City, FL 32763

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014765

CR2E037 (9/96)