FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -2 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737529

1. Corporation Name
ORANGE CITY LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
1361 W. FRENCH AVENUE ORANGE CITY FL 32763	P.O. BOX 740365 ORANGE CITY FL 32763

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/14/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1743592 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEFICS, GREGORY W 165 S. OAK AVE. 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 617.0502 and 617.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	Asst	☒ Change ☐ Addition
NAME	NOLAN, ROBERT E		1.2 NAME	William M. Jones Sr	
STREET ADDRESS	815 TANGELO AVENUE		1.3 STREET ADDRESS	420 Bedford Ave.	
CITY-ST-ZIP	ORANGE CITY FL 32763		1.4 CITY-ST-ZIP	Orange City FL 32763	
TITLE	PAD	☒ DELETE	2.1 TITLE	V.P	☐ Change ☐ Addition
NAME	GREGORY, ROBERT		2.2 NAME	Becky Byrson	
STREET ADDRESS	314 W. OHIO AVE		2.3 STREET ADDRESS	2101 Almond St.	
CITY-ST-ZIP	ORANGE CITY FL		2.4 CITY-ST-ZIP	Orange City FL 32763	
TITLE	VPD	☒ DELETE	3.1 TITLE	Treas	☒ Change ☐ Addition
NAME	RADER, ANGELA		3.2 NAME	DENISE NEIGHBOURS	
STREET ADDRESS	1155 5TH STREET		3.3 STREET ADDRESS	1090 MONTROSE AVE.	
CITY-ST-ZIP	ORANGE CITY FL		3.4 CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	SEC	☐ DELETE	4.1 TITLE	Sec.	☐ Change ☐ Addition
NAME	PRONOVOST, GINA		4.2 NAME	Gina Pronovost T.	
STREET ADDRESS	485 LANCASTER AVENUE		4.3 STREET ADDRESS	485 Lancaster Ave.	
CITY-ST-ZIP	ORANGE CITY FL		4.4 CITY-ST-ZIP	Orange City FL 32763	
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MIRDIK, CANDY		5.2 NAME		
STREET ADDRESS	1115 18TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

7/98 4/2/99

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: [illegible] SIGNATURE REQUIRED 1/26/99 904-774-5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #