

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741808 (0)

1. Corporation Name

MOUNT DORA LITTLE LEAGUE, INC.



Principal Place of Business

**UNSER & LINCOLN AVE.
MT. DORA FL 32757**

Mailing Address

**P.O. BOX 1412
MOUNT DORA FL 32757**

3. Date Incorporated or Qualified
02/24/1978

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2531850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KEEN, GEORGE W SR.
1403 LIBERTY AVENUE
MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

81

Name

DARYL GORENFLO

82

Street Address (P.O. Box Number is Not Acceptable)

2110 DOGWOOD CIR

83

84

City

MT DORA

FL

85

Zip Code

32757

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 title if applicable.

(NOTE: Registered Agent Signature is not required)

DATE

2-5-96

12. OFFICERS AND DIRECTORS

TITLE

PD

☒ DELETE

NAME

**KEEN, RYNETTE
1403 LIBERTY AVENUE
MT. DORA FL 32757**

CITY-ST-ZIP

TITLE

VPD

☒ DELETE

NAME

**KESTERSON, STEVE
25911 N. BERWICK ST.
SORENTO FL 32776**

CITY-ST-ZIP

TITLE

VPD

☐ DELETE

NAME

**DEPANICIS, GRIMM B
529 E. 7TH AVENUE
MT. DORA FL 32757**

CITY-ST-ZIP

TITLE

S

☒ DELETE

NAME

**STOOTHOFF, LINDA
1485 RAINTREE LANE
MT. DORA FL 32757**

CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

**WILLIAMS, PAM
25515 CRESTON AVE.
MT. PLYMOUTH FL 32776**

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

☒ Change ☐ Addition

1.2 NAME

DARYL GORENFLO

1.3 STREET ADDRESS

2110 DOGWOOD CIR

1.4 CITY-ST-ZIP

MT DORA, FL 32757

2.1 TITLE

VPD

☒ Change ☐ Addition

2.2 NAME

GRIMM DE PANICIS

2.3 STREET ADDRESS

529 E 7TH ST

2.4 CITY-ST-ZIP

MT DORA, FL 32757

3.1 TITLE

Jennifer Euse

☒ Change ☐ Addition

3.2 NAME

32200 Weking Pines Blvd

3.3 STREET ADDRESS

Sorrento FL 32776

3.4 CITY-ST-ZIP

4.1 TITLE

S

☒ Change ☐ Addition

4.2 NAME

WILLIAMS, PAM

4.3 STREET ADDRESS

25515 CRESTON AVE

4.4 CITY-ST-ZIP

MT. PLYMOUTH, FL 32776

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARYL GORENFLO PRESIDENT

(104) 735-0254

2-5-96

Daytime Phone #

CR2E037 (12/95)