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 FEB 17 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743297 (4)

1. Corporation Name
CORAL SPRINGS AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
10000 N.W. 29TH STREET P.O. BOX 6803 CORAL SPRINGS FL 33065	10000 N.W. 29TH STREET P.O. BOX 6803 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 16-0070026 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

WEISSMAN ESQ., HAROLD
4597 N. UNIVERSITY DR.
LAUDERHILL FL 33351

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 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 _____ 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	1.1 TITLE	Libby Fischer P/D	☒ Change ☐ Addition
NAME	RECCHI, RAYOMON	1.2 NAME		
STREET ADDRESS	11762 NW 26 CT.	1.3 STREET ADDRESS	1704 Vestal Drive	
CITY-ST-ZIP	CORAL SPRGS FL	1.4 CITY-ST-ZIP	Coral Springs, Fla. 33071	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BEVERLY, ABRAM	2.2 NAME	Tony Spina	
STREET ADDRESS	268 NW 107 TERR.	2.3 STREET ADDRESS	11251 N.W. 21st Street	
CITY-ST-ZIP	CORAL SPRGS FL	2.4 CITY-ST-ZIP	Coral Springs, Fla. 33071	
TITLE	VD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	FORD, FRED	3.2 NAME	Pam Carnahan	
STREET ADDRESS	1791 N.W. 107TH DR.	3.3 STREET ADDRESS	611 Lyons Road #8106	
CITY-ST-ZIP	CORAL SPRGS FL	3.4 CITY-ST-ZIP	Coral Springs, Fla. 33063	
TITLE	TD	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	COBB, CHARLES	4.2 NAME	Bev Abram	
STREET ADDRESS	10400 NW 2 ST	4.3 STREET ADDRESS	268 N.W. 107 Terrace	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	Coral Springs, Fla. 33071	
TITLE	VD	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	ARNOW, GARY	5.2 NAME	Linda Smith	
STREET ADDRESS	9811 NW 28TH COURT	5.3 STREET ADDRESS	1608 Cypress Point Drive	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	Coral Springs, Fla. 33065	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: E W Fischer Elizabeth W. Fischer 2/5/95 305-755-6227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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