

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 # **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 8803
CORAL SPRINGS FL 33065

10000 N.W. 29TH STREET
P.O. BOX 8803
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified
06/16/1978

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

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

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME FISCHER, LIBBY
STREET ADDRESS 1704 VESTAL DRIVE
CITY-ST-ZIP CORAL SPRGS FL

TITLE VD ☐ DELETE
NAME SPINA, TONY
STREET ADDRESS 11251 NW 21ST ST
CITY-ST-ZIP CORAL SPRGS FL

TITLE VD ☒ DELETE
NAME CARNAHAN, PAM
STREET ADDRESS 611 LYONS ROAD #8106
CITY-ST-ZIP CORAL SPRGS FL

TITLE SD ☒ DELETE
NAME ABRAM, BEN
STREET ADDRESS 268 NW 10TH TERR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE TD ☒ DELETE
NAME SMITH, LINDA
STREET ADDRESS 1608 CYPRESS POINT DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME SD
4.3 STREET ADDRESS BEVERLY ABRAM
4.4 CITY-ST-ZIP 268 NW 10 TERR.
CORAL SPRINGS FL 33071

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME TD
5.3 STREET ADDRESS KEVIN V. O'KEEFE
5.4 CITY-ST-ZIP 11220 NW 40 ST.
CORAL SPRINGS FL 33065

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: *Kevin V. O'Keefe* KEVIN V. O'KEEFE TREASURER 1/29/96 954 467-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)