## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 28 1997 8:00am

Secretary of State

2/10/99 984-341-0000 Destine Phone 1 0022261

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

1997

appears in Block 1

SIGNATURE:

743297

(4)

## CORAL SPRINGS AMERICAN LITTLE LEAGUE, INC.

0011112	01 /111/01	7 1111211101111												
Principal Place	of Busines	3	N	Mailing Address						IN BURNER HAIR BURN 1894	1001 AIGH #\$8	!! <b>#}</b> ### #\### #\#	(10 <b>040</b> 3) ( <b>0)</b> )	
10000 N.W. 29TH P.O. BOX 8803 CORAL SPRINGS	•		P.	10000 N.W. 29TH STREET P.O. BOX 8803 CORAL SPRINGS FL 33065-3945										
WHAL SPAINOS	3 FL 33003			Office of fillings	12 00000 00	•		:	3. Date Incorp. 06/16/	orated or Qualified 1978		ate of Last Ro 02/01/199		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	10000		Ap	plied For	
21				26					16-007	UU20			t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Certificate of Status Desired     See Required     Fee Required					
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip				Zip Coun			•	8. This corporation has liability for						
24	25 25 9. Name and Address of Curre				30				Florida Statutes L Yes L No 10. Name and Address of New Registered Agent					
	9, Name	and Address of	Jurrent Heg	istered Agent		81	Nar	me	10, Name and A	Address of New H	-Sistated	Agent	<del></del>	
MEIOOM	AN FOO I	IADOLD				82								
WEISSMAN ESQ., HAROLD 4597 N. UNIVERSITY DR.							Stre	et Addres	Address (P.O. Box Number is Not Acceptable)					
LAUDERHILL FL 33351														
						84	City	′			FL	85 Zip (	Code	
office or re	egistered ac	ions of Sections 6 jent, or both, in the th, and accept the	State of Flo	rida. Such cha	nge was auti	horized b	the o	ed corpo corporatio	ration submits this in's board of direc	s statement for the stors. I hereby acce	purpose of pt the app	f changing it ointment as	s registered registered	
SIGNATURE		or printed name of regis		N. 1 18 - 18 - 18 - 18 - 18 - 18 - 18	NOTE O				( when reinstating)		DATE			
12.	Signature, lypero		RS AND DIRE		(NOIE. N	13.	aur Parte	acore required		HANGES TO OFFI		DIRECTOR	IS IN 12	
TITLE	PD		10 1110 011		DELETE	1.1 TITLE		PO	)			Change	Addition	
NAME	FISCHE	R. LIBBY				1.2 NAME		<b>*</b>	TSCHER 704 VESTI	Tim		•		
STREET ADDRESS		STAL DRIVE				1.3 STREE	ADDRE	ss /	704 VEST7	16 DR				
CITY-ST-ZIP		SPRGS FL				1.4 CITY - 1	3T - ZIP	Co	RAL'SBR	was Fc	3307	/		
TITLE	VD			X	DELETE	2.1 TITLE		1	/D ,			Change	Addition	
NAME	SPINA,	TONY				2.2 NAME		Ke	COH KA	4 .0 -	-			
STREET ADDRESS		IW 21ST ST				2.3 STREE	ADDRE	ss   11	762N	u, 26 mor				
CITY-ST-ZIP	CORAL	SPRGS FL				2. 4 CITY -	ST-ZIP	Co	oppe fl.	E 3300	or			
TITLE	SD			<b>X</b> 1	DELETE	3.1 TITLE		\	(P			Change	Addition	
NAME		BEVERLY				3.2 NAME		744	MITMAN	Bayer				
STREET ADDRESS		10TH TERR				3.3 STREE	ADDRE	ss   _/ / 2	153 NW	7				
CITY-ST-ZIP		SPRINGS FL			er per	3.4. CITY	ST-ZIP	Lei	un soc	· 41 33	265		1 4 2 2 2 2	
Trile	TD			البا	DELETE	4.1 TITLE						<del>La cha</del> nge	Addition	
NAME		E, KEVIN V.				4. 2 NAME								
STREET ADDRESS		IW 40 STREET				4.3 STREE		SS						
CITY-ST-ZIP	CURAL	SPRINGS FL		— п	DELETE	4.4 CiTY - 1	ST - ZIP					Change	Addition	
TITLE				البا	JELE IE	5.1 TITLE						FIII CHANNA	L. Madition	
NAME CARREA ADORESC						52 NAME 53 STREE	( ADDOS							
STREET ADDRESS								35						
CITY-ST-ZIP TITLE				T T	DELETE	5.4 CITY-	51-ZIP	<del></del>				Change	Addition	
NAME				السا		6.2 NAME								
STREET ADDRESS						6.3 STREE	ADDD					•		
CITY-ST-ZIP			-			6.4 CITY								
14 Ldo barok	by certify that	t the information s	upplied with	this filing does	not qualify f	or the ex	motic	on stated	n Section 119.07	(3)(i), Florida Statut	es I furthe	r certify that	the	
informatio I am an o	n indicated flicer or dire	or this annual rep ctor of the corpora	or or supple tion or the re	mental annual oceiver or trust	report is true ee empower	e and acc ed to exe	urate cute ti	and that r nis report	ny signature shall as required by Cl	have the same leg napter 617, Florida	jal effect a Statutes; a	s if made un ind that my r	der oath; that name	