


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

06/16/1978

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☒ Yes

☐ No

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 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

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FISCHER, LIBBY	
STREET ADDRESS	1704 VESTAL DRIVE	
CITY-ST-ZIP	CORAL SPRGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SPINA, TONY	
STREET ADDRESS	11251 NW 21ST ST	
CITY-ST-ZIP	CORAL SPRGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ABRAM, BEVERLY	
STREET ADDRESS	288 NW 10TH TERR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	O'KEEFE, KEVIN V.	
STREET ADDRESS	11220 NW 40 STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CODY, JANET	
1.3 STREET ADDRESS	4230 CORAL SPRINGS DRIVE	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PIERPONT, RENA	
2.3 STREET ADDRESS	11315 NW 44TH STREET	
2.4 CITY-ST-ZIP	CORAL SPRINGS FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HALKUFF, RICK	
3.3 STREET ADDRESS	1142 NW 116 AVENUE	
3.4 CITY-ST-ZIP	CORAL SPRINGS FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	POLISTINA, TERESA	
4.3 STREET ADDRESS	12101 NW 2 DRIVE	
4.4 CITY-ST-ZIP	CORAL SPRINGS FL	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JACOBS, ILONA	
5.3 STREET ADDRESS	11885 ROYAL PALM BLVD., #203, BLDG 12	
5.4 CITY-ST-ZIP	CORAL SPRINGS FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Janet Cody

954-7744-2060

CR2E037 (10/97)