

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90003 030 \*\*\*\*61.25

**DOCUMENT # 743297**

1. Entity Name  
**CORAL SPRINGS AMERICAN LITTLE LEAGUE, INC.**



Principal Place of Business  
10000 N.W. 29TH STREET  
P.O. BOX 8803  
CORAL SPRINGS, FL 33065

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

**54071174**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**16-0070026**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

ALEXANDER, MIKE  
10050 NW 42 DRIVE  
FORT LAUDERDALE, FL 33305

## 7. Name and Address of New Registered Agent

Name **Michael Alexander**

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

**11095 NW 7 Street**

City **Coral Springs**

FL

Zip Code **33071**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ALEXANDER, MIKE**  
STREET ADDRESS **10050 NW 42 DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33305**

TITLE **T** ☒ Delete  
NAME **KASHUA, LAWRENCE M**  
STREET ADDRESS **1935 NW 124 AVE**  
CITY-ST-ZIP **CORAL SPRINGS, FL**

TITLE **VP** ☒ Delete  
NAME **TERBOSS, JUDY**  
STREET ADDRESS **2330 NW 100 AVENUE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **Michael Alexander**  
STREET ADDRESS **11095 NW 7 Street**  
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **S** ☐ Change ☒ Addition  
NAME **Amy Alexander**  
STREET ADDRESS **11095 NW 7 Street**  
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **T** ☐ Change ☒ Addition  
NAME **Andrew Watkins**  
STREET ADDRESS **829 NW 124 Avenue**  
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report of supplemental 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 10 or Block 11 if changed, or on an attachment with an address with which I am otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael Alexander**

Date

**954-255-3697**

Daytime Phone #