

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 08:00 AM
Secretary of State

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**



07112006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-0070026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GALLAGHER, DONNA
3219 NW 102 TERRACE
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000571217
07/19/06-80008-004 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GALLAGHER, DONNA
3219 NW 102ND TERRACE
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
VALEO, LISA
2702 NW 98TH LANE
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
WATKINS, ANDREW
507 LAKEVIEW DRIVE
CORAL SPRINGS, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Watkins **TREASURER**

7/14/06

Date

Daytime Phone #