

2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90242 017 ****61.25

DOCUMENT # 751636

1. Entity Name

EAST POINT LITTLE LEAGUE OF MANGO, INC.



Principal Place of Business

P.O. BOX 127
MANGO FL 33550

Mailing Address

P.O. BOX 127
MANGO FL 33550



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

52-1225450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, SHERYL
4505 SUMMERSUN CT
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD ☒ Delete
NAME ALONSO, LORI L
STREET ADDRESS 4908 REAGAN AVE
CITY-ST-ZIP SEFFNER FL 33584

TITLE TD ☒ Delete
NAME JONES, SHERYL L
STREET ADDRESS 4505 SUMMERSUN CT
CITY-ST-ZIP TAMPA FL 33610

TITLE VP ☒ Delete
NAME HUGHES, LAUREEN
STREET ADDRESS 1217 CITRUS HILL CT
CITY-ST-ZIP SEFFNER FL 33584

TITLE SO ☒ Delete
NAME WITT, MARK H
STREET ADDRESS 12606 SELAH RANCH LANE
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE SEC ☐ Delete
NAME BRIGGS, ROBIN M
STREET ADDRESS 811 CHESS PLACE
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☒ Addition
NAME Hughes, Lauren
STREET ADDRESS 1217 Citrus Hill Ct
CITY-ST-ZIP Seffner, FL 33584

TITLE Treasurer ☒ Change ☐ Addition
NAME Dwyer, Judith
STREET ADDRESS 305 Wheeler Woods Ct
CITY-ST-ZIP Brandon FL 33510

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

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 exemptions contained in Section 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:

Judith A Dwyer 3/5/06

(813) 654-4011