

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 752457 (2)

1. Corporation Name

OAKLAND PARK LITTLE LEAGUE BASEBALL, INC.



Principal Place of Business

4060 NW 19TH TERRACE  
OAKLAND PARK FL 33309

Mailing Address

4060 NW 19TH TERRACE  
OAKLAND PARK FL 33309

3. Date Incorporated or Qualified

05/13/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2439817

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 801 NE 33<sup>rd</sup> St.

Suite, Apt. #, etc.

22

City & State

23 Oakland Park, FL

Zip

24 33334

Country

25 Broward

2a. Mailing Address

26 801 NE 33<sup>rd</sup> St.

Suite, Apt. #, etc.

27

City & State

28 Oakland Park, FL

Zip

29 33334

Country

30 Broward

9. Name and Address of Current Registered Agent

NORWOOD, REBECCA  
2600 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308

81 Name

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

83 270 NE 41<sup>st</sup> St.

84

City

Oakland Park

FL

85 Zip Code

33334

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

Lauren A. Fox

6/30/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
STREET ADDRESS DICKEY, PAUL  
CITY-ST-ZIP 801 NE 33RD STREET  
OAKLAND PARK FL 33334

TITLE ☐ DELETE

NAME D  
STREET ADDRESS MANGANARO, CHARLIE  
CITY-ST-ZIP 4161 N W 16TH AVE  
OAKLAND PARK FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS NORWOOD, REBECCA  
CITY-ST-ZIP 2600 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul W. Dickey Paul W. Dickey

6/30/96

DATE

954/564-5046

DAYTIME PHONE #

CR2E037 (12/95)