# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:28

DOCUMENT # 756674 (8)

1. Corporation Name
ROLLING HILLS LITTLE LEAGUE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 680309<br>ORLANDO FL 32868-0309 | P.O. BOX 680309<br>ORLANDO FL 32868-0309 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1981
3a. Date of Last Report: 04/28/1994
4. FEI Number: NOT APPLICABLE ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FRITZ, MARK
5812 INDIAN HILL RD.
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name PAUL McBRIDE
82 Street Address (P.O. Box Number is Not Acceptable) 3024 N. POWERS DRIVE
83 #298
84 City ORLANDO FL 85 Zip Code 32818

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Paul McBride 5 FEB 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | FRITZ, MARK W | 1.2 NAME | PAUL McBRIDE | |
| STREET ADDRESS | 5812 INDIAN HILL RD. | 1.3 STREET ADDRESS | 3024 N. POWERS DR #298 | |
| CITY-ST-ZIP | ORLANDO FL 32808 | 1.4 CITY-ST-ZIP | ORLANDO, FL 32818 | |
| TITLE | VPD | 2.1 TITLE | VPRESIDENT | ☒ Change ☐ Addition |
| NAME | SIMNES, JIM | 2.2 NAME | MARK FRITZ | |
| STREET ADDRESS | 2783 SILVER RIDGE | 2.3 STREET ADDRESS | 5812 INDIAN HILL RD | |
| CITY-ST-ZIP | ORLANDO FL 32818 | 2.4 CITY-ST-ZIP | ORLANDO, FL 32808 | |
| TITLE | SD | 3.1 TITLE | SECRETARY | ☐ Change ☐ Addition |
| NAME | FRITZ, KATHY | 3.2 NAME | KATHY FRITZ | |
| STREET ADDRESS | 5812 INDIAN HILL RD. | 3.3 STREET ADDRESS | 5812 INDIAN HILL RD | |
| CITY-ST-ZIP | ORLANDO FL 32808 | 3.4 CITY-ST-ZIP | ORLANDO FL 32808 | |
| TITLE | TD | 4.1 TITLE | TREASURER | ☐ Change ☐ Addition |
| NAME | WEIDL, TOM | 4.2 NAME | TOM WEIDL | |
| STREET ADDRESS | 1308 HAWTHORNE COVE | 4.3 STREET ADDRESS | 1308 HAWTHORNE COVE | |
| CITY-ST-ZIP | OCOEE FL 34761 | 4.4 CITY-ST-ZIP | OCOEE, FL 34761 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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)(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:** Kathryn Fritz 1/27/95 841-8743
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHRYN FRITZ SECRETARY

0038041