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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 756674 (8)

1. Corporation Name

ROLLING HILLS LITTLE LEAGUE, INC.

Principal Place of Business

P.O. BOX 680309
ORLANDO FL 32868-0309

Mailing Address

P.O. BOX 680309
ORLANDO FL 32868-0309



3. Date Incorporated or Qualified
03/09/1981

3a. Date of Last Report
03/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3215199

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCBRIDE, PAUL
3024 N POWERS DRIVE
#298
ORLANDO FL 32818

81 Name

NEER, MELODY

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

4032 WENDY DRIVE

83

84 City

ORLANDO

FL

85 Zip Code
32808

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Melody Neer

1-9-97

(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 P
NAME MCBRIDE, PAUL
STREET ADDRESS 3024 N POWERS DR #298
CITY-ST-ZIP ORLANDO FL

1.1 TITLE P
1.2 NAME NEER, MELODY
1.3 STREET ADDRESS 4032 WENDY DRIVE
1.4 CITY-ST-ZIP ORLANDO, FL 32808

TITLE VP
NAME NEER, MELODY
STREET ADDRESS 4032 WENDY DR
CITY-ST-ZIP ORLANDO FL 32808

2.1 TITLE VP
2.2 NAME HAIR, MIKE
2.3 STREET ADDRESS 4710 BEACON STREET
2.4 CITY-ST-ZIP ORLANDO, FL 32808

TITLE SD
NAME CAPERS, DEBBIE
STREET ADDRESS 4413 SEBASTIAN WAY
CITY-ST-ZIP ORLANDO FL 32808

3.1 TITLE CAPERS, DEBBIE
3.2 NAME 4413 SEBASTIAN WAY
3.3 STREET ADDRESS ORLANDO FLA 32808

TITLE TD
NAME WEIDL, TOM
STREET ADDRESS 1308 HAWTHORNE COVE
CITY-ST-ZIP OCOC FL 34761

4.1 TITLE TRES
4.2 NAME WEIDL, TOM
4.3 STREET ADDRESS 1308 HAWTHORNE COVE
4.4 CITY-ST-ZIP OCOC FLA 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

1-9-97

407 290 3174

Date

Daytime Phone # 0018223

CR2E037 (9/96)