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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # 75667

(8)

FILED Jan 23 1998 8:00am Secretary of State

ROLLING HILLS LITTLE LEAGUE, INC.				£ 1889(6 1888) 8(6) 8 6(6) 8(6) 8	AIRI AXBII BIAIF AIRII AIRII PIAII PIAII
1					
Principal Plac	e of Business	Mailing Address	•	I SORINI SODDI ENSIO BENIO DINNI NODIL	BIDS BIDS BIDIS BIDIS BIDIS BIDIS BIDIS BIDIS 1881
B					
P.O. BOX 680309 P.O. BOX 680309 ORLANDO FL 32868-0309				3. Date incorporated or Qualified	
ONDANGO TE C	32000 4000	OTIENTED TE SECONDO		03/09/1981	T T
1				4. FEI Number	Applied For
<u> </u>	Name of Davidson	A A A A A A A A A A A A A A A A A A A		59-3215199	Not Applicable
	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
21 Sulte, Apt.	# etc	Suite, Apt. #, etc.		8. Flacking Open slew Financing	Fee Required
22 27			Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State City & State		•	7. Is this nonprofit corporation a h		
23 28				☐ Yes ☑ No	
Zip	Country	Zip	Country	8. This corporation owes or has p	aid the current year Intangible
24	25	29 3	ō	Personal Property Tax due Jun-	
	9. Name and Address of Curr	rent Registered Agent	<u> </u>	10. Name and Address of New R	egistered Agent
			B1 Name	MARIL FRITZ	
NEER WELDDY				Address (P.O. Box Number is Not Accepta	ble)
	SNDY DR	DecetE		TRIZ INDAIN HIG	
#298	X ,	Deco	83		
ORLAND	O Fix 32808		84 City	<u> </u>	85 Zip Code
			' <i>C</i>	BRUANDO	FL 32.808
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.					
agent. I a	am familiar with and accept the ob	ligations of Section 617.0503, Flori	da Statutes.	oralion's board of directors. Thereby deep	. /e/s ne
SIGNATURE	Illicate (V)	Turi			118178
40	Signature, ped or printed name of registered	<u> </u>	legistered Agent signature r		DATE
12.	,	AND DIRECTORS BELETE	13. 1.1 TITLE	PD Agran Value	Change Addition
	PD MEED MELODY	D octori		I TIPION I NOTA	- -
NAME	NEER, MELODY		1.2 NAME	203 Suzette De.	
STREET ADORESS	4032 WENDY DR		1.3 STREET ADDRESS	Ococe F1 347	
CITY-ST-ZIP TITLE	ORLANDO FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Occee F J J7	Change Addition
NAME	VP <i>O</i> Hair, Mike	otteric	2.2 NAME		C. Orlango C. Macrison
STREET ADDRESS	4710 BEACON ST		2.3 STREET ADDRESS		
1 ' '	ORLANDO FL		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	SD	DELETE	3.1 TITLE		Change Addition
NAME	CAPERS, DEBBIE		3.2 NAME		
STREET ADDRESS	4413 SEBASTIAN WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		3.4. CITY-ST-ZIP		
TITLE	TD	1 ∂ELETE	4 1 TITLE	77)	Change Addition
NAME	WEIDL, TOM	V	4. 2 NAME	ERITZ, MARK	
STREET ADDRESS	1308 HAWTHORNE COVE		4.3 STREET ADDRESS	FRITZ MARK 5812 INDAIN HILL	RD
CATY-ST-ZIP	OCOEE FL 34761		4.4 CITY-ST-ZIP	OPLANDO FLA	32808
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-\$T-ZIP			5.4 City-St-ZiP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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.

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