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

APPROVED AND FILED

95 APR -4 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757768** **(7)**

1. Corporation Name

THE PINE HILLS LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 560131 7300 LAURELL HILL RD ORLANDO FL 32818 US	P.O. BOX 560131 ORLANDO FL 32856 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1981
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1009699 ☐ 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

MCMULLEN, EARL
1042 N. MILLS AVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Valerie Pringle
82 Street Address (P.O. Box Number is Not Acceptable)
83: 455 S. Hart Blvd
84 City: Orlando FL 85 Zip Code: 32835

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: Valerie A. Pringle — 2/5/95
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	VD	1.1 TITLE	PRESIDENT D	☑ Change ☐ Addition
NAME	THORNTON, TERRY	1.2 NAME	VALERIE A. PRINGLE	
STREET ADDRESS	7149 STEFFIE LANE	1.3 STREET ADDRESS	455 S. HART BLVD	
CITY-ST-ZIP	ORLANDO FL 32818	1.4 CITY-ST-ZIP	ORLANDO, FL 3283571949	
TITLE	PD	2.1 TITLE	VICE PRESIDENT D	☑ Change ☐ Addition
NAME	MCMULLEN, EARL	2.2 NAME	TIM BANKS	
STREET ADDRESS	1042 N. MILLS AVE.	2.3 STREET ADDRESS	9125 OLD GROVE DR	
CITY-ST-ZIP	ORLANDO FL 32803	2.4 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	TD	3.1 TITLE	TREASURER D	☑ Change ☐ Addition
NAME	DUFOUR, BETH	3.2 NAME	PAM HANSEN	
STREET ADDRESS	4718 ROLLING OAKS DR	3.3 STREET ADDRESS	1625 PROVIDENCE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	SD	4.1 TITLE	SECRETARY D	☑ Change ☐ Addition
NAME	PRINGLE, VALERIE	4.2 NAME	VICKI FERNER	
STREET ADDRESS	455 S. HART BLVD	4.3 STREET ADDRESS	6010 W. ROBINSON ST.	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32835	
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: Valerie A. Pringle — 2/5/95 — 295-5158
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #