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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757768

1. Corporation Name

THE PINE HILLS LITTLE LEAGUE, INC.

Principal Place of Business

P.O. BOX 580131
7300 LAURELL HILL RD
ORLANDO FL 32818
US

Mailing Address

P.O. BOX 580131
ORLANDO FL 32858
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/28/1981

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

9. Name and Address of Current Registered Agent

NARAGON, KENT E
11855 CLAIR PL
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

Michelle P. Pecorella

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

322 N. Lancelot Avenue

83

84 City

Orlando

FL

85 Zip Code

32835

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 *Michelle P. Pecorella* **Michelle P. Pecorella, Secretary** 1/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **GRAPHMAN, RAY**

STREET ADDRESS **1911 BEECHER ST**

CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☒ DELETE

NAME **NARAGON, KENT**

STREET ADDRESS **11855 CLAIR PL**

CITY-ST-ZIP **CLERMONT FL**

TITLE **SD** ☒ DELETE

NAME **JONES, SANDY**

STREET ADDRESS **131 LAKE DR**

CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☒ DELETE

NAME **RAVENSCROFT, TOM**

STREET ADDRESS **8232 VILLAGE GREEN RD**

CITY-ST-ZIP **ORLANDO FL**

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

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Elaina Fontana**

1.3 STREET ADDRESS **1108 Cirrus Ct.**

1.4 CITY-ST-ZIP **Orlando, FL 32825** ☒ Change ☐ Addition

2.1 TITLE **TD** ☒ Change ☐ Addition

2.2 NAME **Mark Young**

2.3 STREET ADDRESS **7811 Canyon Lake Cr.**

2.4 CITY-ST-ZIP **Orlando, FL 32835** ☒ Change ☐ Addition

3.1 TITLE **SD** ☒ Change ☐ Addition

3.2 NAME **Michelle Pecorella**

3.3 STREET ADDRESS **322 N. Lancelot Ave.**

3.4 CITY-ST-ZIP **Orlando, FL 32835** ☒ Change ☐ Addition

4.1 TITLE **VD** ☒ Change ☐ Addition

4.2 NAME **Dana Carlson**

4.3 STREET ADDRESS **8115 Citrus Hill Ct.**

4.4 CITY-ST-ZIP **Orlando, FL 32818** ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Michelle P. Pecorella* **Michelle P. Pecorella, 1/7/99 407-650-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)