


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90125 034 ****61.25

DOCUMENT # 757768		
1. Entity Name THE PINE HILLS LITTLE LEAGUE, INC.		

Principal Place of Business 7300 LAUREL HILL RD ORLANDO, FL 32818 US	Mailing Address P.O. BOX 580131 ORLANDO, FL 32858 US
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04252005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1009699	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAY, GRAPHMAN 1911 BEECHER STREET ORLANDO, FL 32808		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, STEVE		NAME	ALEX. NAHORNEY	
STREET ADDRESS	7803 MURGOTT CR		STREET ADDRESS	7827 JAFFA DR	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, GRAPHMAN		NAME		
STREET ADDRESS	1911 BEECHER ST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAHORNEY, ALEX		NAME	JOHN DAILEY	
STREET ADDRESS	7027 JAFFA DRIVE		STREET ADDRESS	3000 S. CLARGNA RD #567	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	APOLKA FL 32703	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRINSON, RICK		NAME	JERRY GENTILE	
STREET ADDRESS	136 CRANFIELD CT		STREET ADDRESS	5336 OLD OAK TREE DR	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DONNA NAHORNEY	
STREET ADDRESS			STREET ADDRESS	7827 JAFFA DR	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond D. Graphman Jr **RAYMOND D. GRAPHMAN JR** 4-29-05 407-701-1064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #