


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90042 010 \*\*\*\*61.25

<b>DOCUMENT # 763180</b>	
1. Entity Name ST. AUGUSTINE LITTLE LEAGUE, INC.	

Principal Place of Business P.O. BOX 305 ST. AUGUSTINE, FL 32085	Mailing Address P.O. BOX 305 ST. AUGUSTINE, FL 32085
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 52-1287648	Applied For Not Applicable
-----------------------------	-------------------------------

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

## 6. Name and Address of Current Registered Agent

BROWN, RONALD W  
66 CUNA STREET  
STE A  
ST AUGUSTINE, FL 32084

## 7. Name and Address of New Registered Agent

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, 2007**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MARTIN, MARTY	
STREET ADDRESS	237 MONTEREY AVE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	DS	<input type="checkbox"/> Delete
NAME	OAKES, DEBBIE	
STREET ADDRESS	221 JASMINE RD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	WALER, RICHARD L JR	
STREET ADDRESS	100 WALER WAY	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Marty	
STREET ADDRESS	237 Monterey Ave	
CITY-ST-ZIP	St Augustine, FL 32084	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oakes, Debbie	
STREET ADDRESS	221 Jasmine Rd	
CITY-ST-ZIP	St Augustine, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sincavage, Kelly	
STREET ADDRESS	5246 Ellen Court	
CITY-ST-ZIP	St Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard L Waler Jr. Treasurer/VP 1/4/07 904 824-5412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Richard L Waler Jr.