## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 02, 2004 8:00 am < **Secretary of State** DOCUMENT # N01000006553 1. Entity Name 03-02-2004 90030 032 \*\*\*\*61.25 WEST HERNANDO LITTLE LEAGUE INC. Mailing Address Principal Place of Business 2415 OLAR CT SPRING HILL FL 34608 2415 OLAR CT 94023319 SPRING HILL FL 34608 2. Principal Place of Business 3. Mailing Address 13050 Coopea Ro 13050 COODERRO Suite, Apt. #, etc. CR2E037 (11/03) SPEING Applied For City & State 4. FEI Number SPRING HILL 59-3743298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired LRNANIO Fee Required Iteen ANDO 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITING, DONALD R Street Address (P.O. Box Number is Not Acceptable) **2415 OLÁR CT** SPRING HILL FL 34608 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) Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. aresion 10 ☐ Addition Delete TITLE TITLE DUNDA DIVEN WHITING, DONALD R NAME 13050 Cooper no 2415 OLAR CT STREET ADDRESS STREET ADDRESS SPRING HILL FL 34608 CITY-ST-ZIP SARING HULL FL CITY-ST-ZIP Delete TREASURER Addition TITLE DONALD RWHITING MARCI, JIM NAME 58 COMM WAY 2415 OLAR CT STREET ADDRESS STREET ADDRESS SPRING HIM FL VICE AMSIDENT SPRING HILL FL 34606 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition MICHAEL SMITH. DIVEN, JIM NAME NAME 18508 Swarberry LN. Spring Hill, FZ 34610 13050 COOPER RD STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP SECRETALY. (X) Change Addition Delete TITLE TITLE DIVEN, DONNA 2448 Dothan Ave. NAME NAME 13050 COOPER RD STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR