

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90002 047 ****61.25

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DOCUMENT # N03551

1. Corporation Name

TITUSVILLE LITTLE LEAGUE, INC.

Principal Place of Business

P.O. BOX 6240
TITUSVILLE FL 32780
US

Mailing Address

P.O. BOX 6240
TITUSVILLE FL 32780
US



2. Principal Place of Business

21 **10 MAX BREWER MEM. PKWY**

Suite, Apt. #, etc.

22

City & State

23 **TITUSVILLE FL**

Zip Country

24 **32780** 25 **US**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 30

3. Date incorporated or Qualified

06/08/1984

4. FEI Number

50-0150427 52-1277980

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

COLVIN, WENDY
2725 STARLIGHT DRIVE
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name **RICK UDO**

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

83

1716 SOUTH EDEN CIRCLE

84 City **TITUSVILLE**

FL

85 Zip Code **32796**

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 **Rick Udo**

18 JAN 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 ☐ DELETE

NAME **P**
STREET ADDRESS **COLVIN, WENDY**
CITY-ST-ZIP **2725 STARLIGHT DRIVE**
TITUSVILLE FL

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **MCCORMICK, WALT**
CITY-ST-ZIP **1640 APRICOT DRIVE**
TITUSVILLE FL

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **MANNING, SANDY**
CITY-ST-ZIP **1422 CREST DR**
TITUSVILLE FL 32780

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **LAFFERTY, PEGGY**
CITY-ST-ZIP **2018 ALEXANDER DRIVE**
TITUSVILLE FL

TITLE ☒ DELETE

NAME **PD**
STREET ADDRESS **COLVIN, WENDY**
CITY-ST-ZIP **2725 STAR LIGHT**
TITUSVILLE FL 32796

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **PD**
STREET ADDRESS **RICK UDO**
CITY-ST-ZIP **1716 SOUTH EDEN CIRCLE**
TITUSVILLE, FL. 32796

2.1 TITLE ☒ Change ☐ Addition

NAME **VD**
STREET ADDRESS **MIKE HORVATH**
CITY-ST-ZIP **1510 BELL TERRACE**
TITUSVILLE, FL. 32780

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

NAME **TD**
STREET ADDRESS
CITY-ST-ZIP **32796**

5.1 TITLE ☐ Change ☒ Addition

NAME **DD**
STREET ADDRESS **REID HART**
CITY-ST-ZIP **955 PALM STREET**
PORT ST. JOHN, FL 32927

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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: **Rick Udo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 JAN 99

(407) 861-5749

Date

Daytime Phone #

CR2E037 (11/98)