

DOCUMENT # **NO3677**

1. Entity Name

**PINECREST LITTLE LEAGUE, INC.**

Principal Place of Business

3012 S.R. 39 SOUTH  
P.O. BOX 733  
LITHIA FL 33547  
US

Mailing Address

S.R. 39 SOUTH  
P.O. BOX 733  
LITHIA FL 33547-0733

FILED

00 MAR -6 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2387488**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PARKS, JOHN W.**  
724 WENDEL AVE.  
LITHIA FL 33545

7. Name and Address of New Registered Agent

Name **BRUCE HENRY V.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2843 NICHOLS RD.**  
City **LITHIA** FL Zip Code **33547**

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.

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

01-08-2000

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	RUSS, GARY	
STREET ADDRESS	1503 RED BIRD LANE	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUSS, IVY	
STREET ADDRESS	1503 RED BIRD LAKE	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, KAREN	
STREET ADDRESS	402 ADAMS RD	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIAN, PAUL	
STREET ADDRESS	10010 BOYETTE RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKS, BETTY	
STREET ADDRESS	724 WENDEL AVE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, DARYL	
STREET ADDRESS	402 ADAMS RD	
CITY-ST-ZIP	MULBERRY FL 33860	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce, Henry V.	
STREET ADDRESS	2843 Nichols Rd.	
CITY-ST-ZIP	Lithia, FL 33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSS, ROBIN	
STREET ADDRESS	8840 CAREY RD	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, PATRICIA	
STREET ADDRESS	4551 W. KENSVILLE RD	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DANIEL	
STREET ADDRESS	8575 CAREY RD.	
CITY-ST-ZIP	LITHIA, FL 33547	

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: Signature Required HENRY V. BRUCE

01-08-2000

813-737-1854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)