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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:17

DOCUMENT # N18851 (8)

1. Corporation Name
BOCA RATON LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
P O BOX 810422 BOCA RATON FL 33481	P O BOX 810422 BOCA RATON FL 33481

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1987
3a. Date of Last Report: 08/12/1994
4. FEI Number: 59-2507590 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIEGAL, RONALD, ESQ
2424 N FEDERAL HWY., #360
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Nelson N D'Antonio
82 Street Address (P.O. Box Number is Not Acceptable): 4125 NW 24th Ave
83
84 City: BOCA RATON FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 1-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MEEK, DAVID	1.2 NAME	Nelson N. D'Antonio	
STREET ADDRESS	23158 ISLAND VIEW DR., #6	1.3 STREET ADDRESS	4125 NW 24th Ave	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	KOCH, F. T	2.2 NAME	Jim McCarthy	
STREET ADDRESS	1330 NE 4TH AVE.	2.3 STREET ADDRESS	7646 courtyard Run West	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton FL	
TITLE	TD	3.1 TITLE		☐ Change ☑ Addition
NAME	KAUFMAN, LAURA	3.2 NAME		
STREET ADDRESS	7124 MARIANA CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	33433	
TITLE	SD	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	SATTEM, JAN	4.2 NAME	Debbie Berman	
STREET ADDRESS	6880 GIRALDA CIR.	4.3 STREET ADDRESS	275 South East Spanish Trail	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Laura Kaufman 1-24-95 407-394-5102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0091869