

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19416** (9)

1. Corporation Name

AUBURNDALÉ LITTLE LEAGUE BASEBALL, INC.

Principal Place of Business

Mailing Address

HAMPTON STREET
P.O. BOX 981
AUBURNDALÉ FL 33823

HAMPTON STREET
P.O. BOX 981
AUBURNDALÉ FL 33823

3. Date Incorporated or Qualified

02/25/1987

4. FEI Number

59-2323360

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHLER, MICHAEL
2019 BRENTWOOD DRIVE
AUBURNDALÉ FL 33823

81 Name

DICKY LOVE

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

2011 Kirkland Lk. Dr.

83

84 City

Auburndale

FL

85 Zip Code

33823

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

Dicky Love
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/9/89
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SMITH, JOEY**
STREET ADDRESS **4223 SHADOW WOOD CT**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VPD** ☐ DELETE

NAME **COUGHLIN, BILL**
STREET ADDRESS **2016 BRENTWOOD DRIVE**
CITY-ST-ZIP **AUBURNDALÉ FL**

TITLE **SD** ☐ DELETE

NAME **DEAN, DEBBIE**
STREET ADDRESS **2004 KIRKLAND LAKE DRIVE**
CITY-ST-ZIP **AUBURNDALÉ FL**

TITLE **TD** ☐ DELETE

NAME **MAHLER, MICHAEL**
STREET ADDRESS **2019 BRENTWOOD DRIVE**
CITY-ST-ZIP **AUBURNDALÉ FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PP** ☒ Change ☐ Addition

1.2 NAME **COUGHLIN, B. H.**
1.3 STREET ADDRESS **2016 Brentwood Dr**
1.4 CITY-ST-ZIP **Auburndale FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **JERRY GRIFFIN**
2.3 STREET ADDRESS **222 CARIA ANN CT**
2.4 CITY-ST-ZIP **AUBURNDALÉ FL 33823**

3.1 TITLE **SD** ☒ Change ☐ Addition

3.2 NAME **PAM HENDERSON**
3.3 STREET ADDRESS **2827 GRAPPEFRUIT DR**
3.4 CITY-ST-ZIP **Auburndale FL 33823**

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME **Dicky Love**
4.3 STREET ADDRESS **2011 Kirkland Dr**
4.4 CITY-ST-ZIP **Auburndale FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(l), 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:

Bill Coughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-11-98 941-967-5599

CR2E037 (5/98)