

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90068 012 ****61.25

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DOCUMENT # N19416

1. Corporation Name

AUBURNDALE LITTLE LEAGUE BASEBALL, INC.

Principal Place of Business

**HAMPTON STREET
P.O. BOX 981
AUBURNDALE FL 33823**

Mailing Address

**HAMPTON STREET
P.O. BOX 981
AUBURNDALE FL 33823**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

**LOVE, DICKY
2011 KIRKLAND LK DR
AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **VPD
GRIFFIN, JERRY**
STREET ADDRESS **222 CARLA ANN CT**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME **SD
HENDERSON, PAM**
STREET ADDRESS **2827 GRAPE FRUIT DR**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **TD
LOVE, DICKY**
STREET ADDRESS **2011 KIRKLAND DR**
CITY-ST-ZIP **AUBURNDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **PD**

2.3 STREET ADDRESS **STEVE DRUMMOND**

2.4 CITY-ST-ZIP **103 Cory Ct.
Auburndale FL 33823**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **SD**

3.3 STREET ADDRESS **Tammy Arnold**

3.4 CITY-ST-ZIP **2406 Autumnwood Dr. / P.O. Box 1114
Auburndale FL 33823**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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)(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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99

Date

941 967-0801

Daytime Phone #

CR2E037 (11/98)