

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N42009** (3)
1. Corporation Name
WESTERN AREA LITTLE LEAGUE INC.



Principal Place of Business

1304 S.W. 160TH AVE.
SUITE 244
FT. LAUDERDALE FL 33326

Mailing Address

1304 S.W. 160TH AVE.
SUITE 244
FT. LAUDERDALE FL 33326

3. Date Incorporated or Qualified
02/08/1991

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0242453

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FASS, JOEL S.
2000 W. COMMERCIAL BLVD.
SUITE 232
FT. LAUDERDALE FL 33309

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE

PD

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

CHAMBERLAIN, THOMAS

1.2 NAME

STREET ADDRESS

1590 HARBOURSIDE DR.

1.3 STREET ADDRESS

CITY-ST-ZIP

FT. LAUDERDALE FL 33326

1.4 CITY-ST-ZIP

TITLE

TD

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

WUENKER, BRUCE

2.2 NAME

STREET ADDRESS

16740 HARBOR CT

2.3 STREET ADDRESS

CITY-ST-ZIP

FT. LAUDERDALE FL

2.4 CITY-ST-ZIP

TITLE

VD

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

DUBNANSKY, MARJORIE

3.2 NAME

STREET ADDRESS

1045 POPLAR CIR.

3.3 STREET ADDRESS

CITY-ST-ZIP

FT. LAUDERDALE FL

3.4 CITY-ST-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

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)(k), 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: Bruce Wuenker **BRUCE WUENKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96
Date

(305) 552-3539
Telephone #

CR2E037 (12/95)