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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42009

1. Corporation Name

WESTERN AREA LITTLE LEAGUE INC.

Principal Place of Business

1112 WESTON RD
STE. 264
WESTON FL 33326
US

Mailing Address

1112 WESTON RD
STE. 264
WESTON FL 33326
US

153178 90031 7 4 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/08/1991

4. FEI Number
65-0242453

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

RUDOCK, ROBERT J
2881 BIRKDALE
WESTON FL 33332

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 VPD
NAME CHAMBERLAIN, THOMAS
STREET ADDRESS 1590 HARBOURSIDE DR.
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE TD
NAME WUENKER, BRUCE
STREET ADDRESS 16740 HARBOR CT
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE PD
NAME BARBACCIA, PAULA
STREET ADDRESS 9043 ISLAND CIR.
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MIKE SHPAK
1.3 STREET ADDRESS 2562 MAYFAIR LANE
1.4 CITY-ST-ZIP WESTON, Florida 33327

Change Addition

2.1 TITLE VPD
2.2 NAME FRANK de la Torre
2.3 STREET ADDRESS 2731 OAKBROOK MANOR
2.4 CITY-ST-ZIP WESTON, Florida 33332

Change Addition

3.1 TITLE TD
3.2 NAME JOE GUYMES
3.3 STREET ADDRESS 3859 OAK Ridge Circle
3.4 CITY-ST-ZIP WESTON, Florida 33331

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

2/6/99

305-824-2147

CR2E037 (1/98)