

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90004 001 ****61.25

DOCUMENT # N47032

1. Entity Name

METRO WEST LITTLE LEAGUE, INC.



Principal Place of Business

P.O. BOX 616550
ORLANDO FL 32861

Mailing Address

P.O. BOX 616550
ORLANDO FL 32861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3103533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAHNE, JOHN
1019 PALM COVE DR.
ORLANDO FL 32835**

Name **Shannon Shure**

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

1414 COUNTRY RIDGE PLACE

City **ORLANDO**

FL

Zip Code **32835**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HAHNE, JOHN E	
STREET ADDRESS	1019 PALM COVE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FEE, PENNY	
STREET ADDRESS	7945 CANYON LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHANNON, SHURE	
STREET ADDRESS	1414 COUNTRY RIDGE PLACE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERTONE, JASON	
STREET ADDRESS	2325 POAT DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DT	<input type="checkbox"/> Delete
NAME	REALL, CHRISTOPHER	
STREET ADDRESS	7610 HEATHFIELD CT.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGAHAN, TIMOTHY	
STREET ADDRESS	1296 SHENER ROCK RD.	
CITY-ST-ZIP	ORLANDO FL 32835	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shannon Shure	
STREET ADDRESS	1414 Country Ridge Place	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAMBRIA NAGINEY	
STREET ADDRESS	5062 CARILLON LANE	
CITY-ST-ZIP	ORLANDO FL 34786	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlie Guilfoyle	
STREET ADDRESS	1364 Shelter Rock Road	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Naginey	
STREET ADDRESS	5062 CARILLON LANE	
CITY-ST-ZIP	ORLANDO FL 34786	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Christopher Reall** **CHRISTOPHER REALL**

1-26-05 **407/896-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #