

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000242 (8)

1. Corporation Name

GREENACRES LITTLE LEAGUE BASEBALL, INC.



Principal Place of Business

1928 19TH LANE
LAKE WORTH FL 33463

Mailing Address

1928 19TH LANE 5848 S 37th St
LAKE WORTH FL 33463 Greenacres, FL
33463

3. Date Incorporated or Qualified
01/13/1993

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number
65-0382346

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**

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

GREGORY, JANET JOHN WEST
1928 19TH LANE 5848 S 37th St
LAKE WORTH FL 33463 Greenacres FL
33463

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 obligation 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 GREGORY, JANET
STREET ADDRESS 1928 19TH LANE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☒ DELETE
NAME HEALEY, EILEEN
STREET ADDRESS 304 PERRY AVE
CITY-ST-ZIP GREENACRES FL

TITLE ☒ DELETE
NAME WYNDER, SAMUAL
STREET ADDRESS 5868 EDDY
CITY-ST-ZIP LAKE WORTH FL

TITLE ☒ DELETE
NAME LOTT, RANDY
STREET ADDRESS 2220 BONNE DR.
CITY-ST-ZIP WEST PALM BCH. 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

11 TITLE ☒ Change ☐ Addition
12 NAME John West
13 STREET ADDRESS 5848 S. 37th street
14 CITY-ST-ZIP Greenacres, FL 33463

21 TITLE ☒ Change ☐ Addition
22 NAME Dennis Bundy
23 STREET ADDRESS 203 2nd lane
24 CITY-ST-ZIP Greenacres FL 33463

31 TITLE ☒ Change ☐ Addition
32 NAME Dave Hoffman
33 STREET ADDRESS 4379 Niciaway
34 CITY-ST-ZIP Greenacres, FL 33463

41 TITLE ☒ Change ☐ Addition
42 NAME Grace Hoffman
43 STREET ADDRESS 4379 Niciaway
44 CITY-ST-ZIP Greenacres, FL 33463

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN WEST

Date

Daytime Phone #

1-407-6930210
1-407-5521295

1-18-96

CR2E037 (12/95)