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Aug 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

~~4020 19TH LANE
LAKE WORTH FL 33463~~

~~4020 19TH LANE
LAKE WORTH FL 33463~~

2. Principal Place of Business

2a. Mailing Address

21 4th Street and

26 P.O. Box 5382

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Perry Avenue

27 City & State

23 Greenacres, FL

28 Lake Worth, FL

Zip

Country

Zip

Country

24 33463

25 USA

29 33466

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/13/1993

3a. Date of Last Report
01/25/1996

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

GREGORY, JANET

~~4020 19TH LANE~~

~~LAKE WORTH FL 33463~~

81 Name

Dave Hoffman

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

4379 Nicia Way

83

84 City

Greenacres

FL

85 Zip Code

33463

10. Name and Address of New Registered Agent

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 GREGORY, JANET

STREET ADDRESS ~~4020 19TH LANE~~

CITY-ST-ZIP ~~LAKE WORTH FL 33463~~

TITLE ☒ DELETE

NAME HEALEY, EILEEN

STREET ADDRESS ~~804 PERRY AVE~~

CITY-ST-ZIP ~~GREENACRES FL~~

TITLE ☒ DELETE

NAME WYNDER, SAMUEL

STREET ADDRESS ~~5866 EDDY~~

CITY-ST-ZIP ~~LAKE WORTH FL~~

TITLE ☒ DELETE

NAME LOFT, RANDY

STREET ADDRESS ~~2220 BONNIE 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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Director

1.3 STREET ADDRESS Dave Hoffman

1.4 CITY-ST-ZIP 4379 Nicia Way

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Director

2.3 STREET ADDRESS John West

2.4 CITY-ST-ZIP 5848 S. 37th Street

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Director

3.3 STREET ADDRESS Keith Silk

3.4 CITY-ST-ZIP 5802 Channel Drive

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Director

4.3 STREET ADDRESS Grace Hoffman

4.4 CITY-ST-ZIP 4379 Nicia Way

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 do 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.

CP2E037 (9/96)