

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 # N93000002601 (3)

1. Corporation Name

WINDERMERE LITTLE LEAGUE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 552
WINDERMERE FL 34786

P.O. BOX 552
WINDERMERE FL 34786

3. Date Incorporated or Qualified
06/04/1993

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number
59-3149619

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

**MCCOY, LARRY
78 PINE ST.
WINDERMERE FL 34786**

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

Debbie Dobbs

(NOTE: Registered Agent signature required when reinstating)

1/23/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **MCCOY, LARRY**
STREET ADDRESS **78 PINE ST.**
CITY - ST - ZIP **WINDERMERE FL 34786** **D**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **SD** DELETE
NAME **DOBBS, DEBBIE**
STREET ADDRESS **515 HALEY DR.**
CITY - ST - ZIP **WINDERMERE FL 34786** **D**

2.1 TITLE **VICE PRESIDENT** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **TD** DELETE
NAME **COLEMAN, LAURIE**
STREET ADDRESS **1110 OAKDALE ST.**
CITY - ST - ZIP **WINDERMERE FL 34786** **(D)**

3.1 TITLE **TREASURER/DIRECTOR** Change Addition
3.2 NAME **DENSMORE, JAMES**
3.3 STREET ADDRESS **7309 FORESTWOOD CT**
3.4 CITY - ST - ZIP **ORLANDO, FL 32835** **D**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
800001776998
-04/11/96--01064--017

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
*****70.00**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
4-12-96 **3-18-96**

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:

Debbie Dobbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96
Date

407-828-1667
Daytime Phone #

CR2E037 (12/95)