

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 03 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT #**  
 1. Corporation Name  
**Windermere Little League, Inc.**  
*N93000002601*

Principal Place of Business Mailing Address  
**P.O. Box 552**  
**Windermere, FL 34786**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>6/4/93</b>	3a. Date of Last Report <b>4/10/96</b>
21		26		4. FEI Number <b>59-3149619</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	25	Country	29	30
24		25		29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**Larry McCoy**  
 78 Pine Street  
 Windermere, FL 34786

**81 Name**  
**Terry L. Reese**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**7301 Forestwood Court**  
**83**  
**84 City**  
**Orlando,**  
**FL** **85 Zip Code**  
**32835**

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 *Terry L. Reese* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Larry McCoy</b>	1.2 NAME	<b>Terry L. Reese</b>
STREET ADDRESS	<b>78 Pine Street</b>	1.3 STREET ADDRESS	<b>7301 Forestwood Court</b>
CITY-ST-ZIP	<b>Windermere, FL 34786</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL 32835</b>
TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Debbie Dobbs</b>	2.2 NAME	<b>Katherine Hensler</b>
STREET ADDRESS	<b>515 Haley Drive</b>	2.3 STREET ADDRESS	<b>1247 Oakdale St.</b>
CITY-ST-ZIP	<b>Windermere, FL 34786</b>	2.4 CITY-ST-ZIP	<b>Windermere, FL 34786</b>
TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James Densmore</b>	3.2 NAME	<b>Andrew M. Brumby</b>
STREET ADDRESS	<b>7309 Forestwood Court</b>	3.3 STREET ADDRESS	<b>8533 Willow Wish Court</b>
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL 32835</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>700002230787</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-07/07/97--01003--600 010</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

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.

SIGNATURE: *Andrew M. Brumby* **Treasurer** **5/12/97** **(407) 423-3200**  
 DATE DAYTIME PHONE #

CR2E037 (9/96)