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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002601 (3)

| WINDERMERE LITTLE LEAGUE, INC. | | | | | | | | | | I IRRINAL BIĞ EĞIRI IMNI BÜMLI | 1411 11 111 11 | 41 66 14 6 11 114 1164 | 1611 1 (101 (101) |
|--|--|--------------------|--------------------|-----------------------------|------------|----------------|------------|---------------------------------------|--|----------------------------------|------------------------------|---|-------------------------------------|
| Principal Place of Business Malling Address | | | | | | | | | | | | H CONCULT SUIT | |
| 11125 PARK A | BOX 552 | | | Date incorporated or Qualif | ed | | | | | | | | |
| WINDERMERE | WI | NDERMERE FL 34786 | MERE FL 34786 | | | | 06/04/1993 | | | | | | |
| | | | | | | | | | Î | 4. FEI Number | | A | pplied For |
| | | | | | | | | | | 59-3149619 | | N | ot Applicable |
| 2. Principal F | lace of Busi | ness | | 2a. Mailing Address 28 | | | | | | 5. Certificate of Status Desired | | | Additional equired |
| Suite, Apt | #, etc. | | | Suite, Apt. #, etc. | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| City & Stat | te | | | City & State | | | | | 7. Is this nonprofit corporation a homeowners association? | | | | |
| 23 | | | | | 28 | | | | | Yes No | | | |
| Zip | | | | | | | | Country | | 8. This corporation owes or ha | s paid the | current year In | tangible |
| 24 | | 25 | | 29 | | 30 | | | | Personal Property Tax due | | | □ No |
| | and | Address of Current | Regis | tered Agent | | | | | 10. Name and Address of Nev | Register | ed Agent | | |
| | | | | | | | 81 | Name . | 1 | rny L. Roes | • . | (ca. | ۱ سروره |
| REESE, TERRY L | | | | | | | | Street Ad | dres | ss (P.O. Pox Number is Not Acce | | (SAI | |
| 7301 FORESTWOOD COURT | | | | | | | 82 | 0.0007.5 | 7 | 301 Forestu | odd | C7. | _ |
| ORLANDO FL 32835 | | | | | | | | | | | | | |
| | | •- | | | | | 84 | City | | | | as 7in | Code |
| | | | | | _ | | 04 | City | | ORL | F | L 85 3/2 | 2885 |
| 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 language with any accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | | | | | |
| SIGNATURE | | | Leur | <u> </u> | Jeen | | | | | | YXI | 1 10 | 1270 |
| l | Signature, person | or p | OFFICERS AND | | | _ | d Age | ent signature rec | quired | when reinstating) | DAT | | 20111-0 |
| 12. | | _ | OFFICERS AND | DIREC | DELETE | 13. 1.1 Ti | 71.5 | | | ADDITIONS/CHANGES TO | -FICERS A | Change | Addition |
| 1 . | PD | TE | א אמע | | _ beerit . | | | | | | | Change | |
| NAME DEDUCED ADDRESS | REESE, TERRY L 7301 FORESTOOD COURT | | | | | | | 1.2 NAME | | | | | |
| STREET ADDRESS | | | | | | | | 1.3 STREET ADDRESS 1.4 City-St-Zip | | | | | ļ |
| CITY-ST-ZIP TITLE | DT | <u> </u> | FL 32633 | | ☐ DELETE | 1.4 C 2.1 T | | ST-ZIP | | | | Change | Addition |
| l . | | | w | | | - 6 | | ł | | | | ET cligide | |
| NAME CAREAT ADDRESS | CLICK, MARY 4016 SALMON DR | | | | | | | 2.2 NAME 2.3 STREET ADDRESS | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | |
| CITY-ST-ZIP TITLE | DV | νν | FL 32835 | | DELETE | 2. 4 C | _ | ST-ZIP | | | | ☐ Change | Addition |
| NAME | LUND, | apr | a | | _ Dettie | 3.1 N | | | | | | | |
| STREET ADDRESS | 11125 | | | | | | | ADDRESS | | | | | |
| | | | 181 RE FL 34786 | | | • | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | THIUCH | WITE | NE FL 34/00 | | DELETE | 3.4. U | | ST-ZIP | | | | Change | Addition |
| NAME | | | | | | 4.2 N | | | | | | +1Kingle | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| STREET ADDRESS | | | | | | • | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | | | ST-ZIP | | | | | |
| TITLE | | | | | ☐ DELETE | 5.1 Ti | _ | 71 411 | | | | Change | Addition |
| NAME | ĺ | | | | | 5.2 N | | 1 | | | | | And videoutil |
| STREET ADDRESS | | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | | | T-ZIP | | | | | ļ |
| TITLE | | | | | ☐ DELET€ | 6.1 10 | | M - FIL. | | <u> </u> | | Change | Addition |
| NAME | | | | | | 6.2 N/ | | | | | | | |

14. Thereby certify that the Information supplied with this filling 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 impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if chapted, or on an attachment with appearance.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1 They - Well 16/9

CR2E037 (10/97)

FILED

Jan 23 1998 8:00am

Secretary of State