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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002601

1. Corporation Name

WINDERMERE LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

11125 PARK AVE
WINDERMERE FL 34786

P.O. BOX 552
WINDERMERE FL 34786



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	11125 Park Ave	26	Box 552	06/04/1993	
Suite, Apt. #, etc. Box 552		Suite, Apt. #, etc.		4. FEI Number	
22		27	Windermere	59-3149619	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	FL 34786	28	FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24	Windermere	25	Orange	29	34786
Country		Country		Country	
Orange		Orange		Orange	

9. Name and Address of Current Registered Agent

REESE, TERRY L
7301 FORESTWOOD CT
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81	Name	Terry L. Reese	
82	Street Address (P.O. Box Number is Not Acceptable)	7301 Forestwood Ct.	
83			
84	City	ORL	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 and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Terry L. Reese* Terry L. Reese 1-2-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD REESE, TERRY L Pres.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REESE, TERRY L		1.2 NAME		
STREET ADDRESS	7301 FORESTWOOD COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP		
TITLE	DT CLICK, MARY Treas.	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLICK, MARY		2.2 NAME		
STREET ADDRESS	4016 SALMON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		2.4 CITY-ST-ZIP		
TITLE	DV LUND, GREG <input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUND, GREG		3.2 NAME		
STREET ADDRESS	11125 MAIN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786		3.4 CITY-ST-ZIP		
TITLE	Steve Miller, V.P. <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Steve Miller, V.P.		4.2 NAME		
STREET ADDRESS	5119 Butler Ridge Dr.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WmERE FL 34786		4.4 CITY-ST-ZIP		
TITLE	Sandy Harvey, Sect. <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Sandy Harvey, Sect.		5.2 NAME		
STREET ADDRESS	Box 552, WmERE FL 34786		5.3 STREET ADDRESS		
CITY-ST-ZIP	Box 552, WmERE FL 34786		5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Terry L. Reese* 1-2-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)