


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90009 042 ****70.00

DOCUMENT # N93000002601
1. Entity Name
WINDERMERE LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address
GEORGE BAILEY PARK P.O. BOX 552 WINDERMERE FL 34786



MOORE CR2E037 (11/03)

2. Principal Place of Business *Roberson Rd* 3. Mailing Address *P.O. Box 552*
Suite, Apt. #, etc. *Box 552* Suite, Apt. #, etc.

City & State *Windermere FL* City & State *Windermere FL*

Zip *34786* Country *USA* Zip *34786* Country *USA*

4. FEI Number *59-3149619* Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 REESE, TERRY L
7301 FORESTWOOD CT
ORLANDO FL 32835

7. Name and Address of New Registered Agent
Name *(SAME)*
Street Address (P.O. Box Number is Not Acceptable)
City *FL* Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *X Terry L. Reese* DATE *1-22-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | REESE, TERRY L | |
| STREET ADDRESS | 7301 FORESTOOD COURT | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | CLICK, MARY | |
| STREET ADDRESS | 4016 SALMON DR | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SIVIGLIAL, PAM | |
| STREET ADDRESS | P.O. BOX 552 | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | COUNTRYMAN, JANA | |
| STREET ADDRESS | 2640 CRESCENT LK DR | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terry L. Reese* DATE *1-22-04* DAYTIME PHONE # *407-291-6719*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR