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FILED

Feb 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002782 (1)

1. Corporation Name

WELLINGTON LITTLE LEAGUE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2326 S. CONGRESS AVE.  
#1-C  
WEST PALM BEACH FL 334062326 S. CONGRESS AVE.  
#1-C  
WEST PALM BEACH FL 33406-76523. Date Incorporated or Qualified  
06/21/19933a. Date of Last Report  
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21 1625 Farmington Cr  
Suite, Apt. #, etc.26 1625 Farmington Cr  
Suite, Apt. #, etc.4. FEI Number  
65-0418984Applied For  
Not Applicable

22

27

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

23 City &amp; State

City &amp; State

23 Wellington FL

28 Wellington FL

24 Zip 33414 25 Country

29 Zip 33414 30 Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. 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

KOLSHAK, MAX J  
2326 S. CONGRESS AVE.  
#1-C  
WEST PALM BEACH FL 33406

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME VITRANO, NICK  
STREET ADDRESS 1604 BRIER PATCH TR  
CITY-ST-ZIP WELLINGTON FL 334141.1 TITLE President ☒ Change ☒ Addition  
1.2 NAME HASLUP BARRY  
1.3 STREET ADDRESS P.O. Box 267 N/A  
1.4 CITY-ST-ZIP LOVATCHEE FL 33470TITLE VD ☒ DELETE  
NAME DRAHOS, MICHAEL  
STREET ADDRESS 13660 FOLKSTONE CT  
CITY-ST-ZIP WELLINGTON FL 334142.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD ☒ DELETE  
NAME KOLSHAK, MAX J  
STREET ADDRESS 2326 S. CONGRESS AVE SUITE 1-C  
CITY-ST-ZIP WEST PALM BEACH FL 334063.1 TITLE TREASURER ☒ Change ☒ Addition  
3.2 NAME YOUNG, ROBERT A  
3.3 STREET ADDRESS 1625 FARMINGTON CIRCLE  
3.4 CITY-ST-ZIP WELLINGTON FL 33414TITLE SD ☐ DELETE  
NAME HOEWING, JANIS  
STREET ADDRESS 13427 KINGSBURY DR  
CITY-ST-ZIP WELLINGTON FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040284

CR2E037 (9/96)