FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:18

DOCUMENT # N94000000587 (5)

1. Corporation Name
WINTER SPRINGS LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 195221 WINTER SPRINGS FL 32708	P.O. BOX 195221 WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report:
4. FEI Number: 59-3261123 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIERCEFIELD, DAVID S
2431 ALOMA AVE.
SUITGE 221
WINTER PARK FL

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President, Dir.	1.1 TITLE	VP, Dir.	☐ Change ☒ Addition
NAME	Bob Morgan	1.2 NAME	Tim Bausky	
STREET ADDRESS	Po Box 195221	1.3 STREET ADDRESS	P.O. Box 195221	
CITY-ST-ZIP	Winter Springs, Fl. 32708	1.4 CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	Secretary, Dir	2.1 TITLE	VP, Dir.	☐ Change ☒ Addition
NAME	Dave Piercefield	2.2 NAME	Greg Bansfield	
STREET ADDRESS	2431 Aloma Ave. Suite 221	2.3 STREET ADDRESS	P.O. Box 195221	
CITY-ST-ZIP	Winter Park, Fl.	2.4 CITY-ST-ZIP	Winter Springs	
TITLE	Vice President, Dir	3.1 TITLE	VP, Dir	☐ Change ☒ Addition
NAME	Greg Miller	3.2 NAME	Howard Chuch	
STREET ADDRESS	Po Box 195221	3.3 STREET ADDRESS	P.O. Box	
CITY-ST-ZIP	Winter Springs, FL. 32708	3.4 CITY-ST-ZIP		
TITLE	Vice Pres. II, Dir	4.1 TITLE		☐ Change ☒ Addition
NAME	Tom Gordon	4.2 NAME		
STREET ADDRESS	Po Box 195221	4.3 STREET ADDRESS		
CITY-ST-ZIP	Winter Springs, Fl. 32708	4.4 CITY-ST-ZIP		
TITLE	Treasurer, Dir	5.1 TITLE		☐ Change ☒ Addition
NAME	Robert Smallwood	5.2 NAME		
STREET ADDRESS	Po Box 195221	5.3 STREET ADDRESS		
CITY-ST-ZIP	Winter Springs, Fl. 32708	5.4 CITY-ST-ZIP		
TITLE	Equip. Mgr. / Director	6.1 TITLE		☐ Change ☒ Addition
NAME	Steve Butler	6.2 NAME		
STREET ADDRESS	Po Box 195221	6.3 STREET ADDRESS		
CITY-ST-ZIP	Winter Springs, Fl. 32708	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: See. 3/28/95 (407)657-3690
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Telephone Number
David S. Piercefield

0091097