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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 05, 1996 08:00 AM  
Secretary of State

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

3. Date Incorporated or Qualified  
01/31/1994

3a. Date of Last Report  
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

Suite 221

City

Winter Park

FL

85

Zip Code

32792

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOB MORGAN	
STREET ADDRESS	POST OFFICE BOX 195221	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	SC	<input type="checkbox"/> DELETE
NAME	DAVE PIERCEFIELD	
STREET ADDRESS	2431 ALOMA AVE, SUITE 221	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GREG MILLER	
STREET ADDRESS	POST OFFICE 195221	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TOM GORDON	
STREET ADDRESS	POST OFFICE BOX 195221	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT SMALLWOOD	
STREET ADDRESS	POST OFFICE BOX 195221	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVE BUTLER	
STREET ADDRESS	POST OFFICE OX 195221	
CITY-ST-ZIP	WINTER SPRINGS FL	

11 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Howard Church	
13 STREET ADDRESS	P.O. Box 195221	
14 CITY-ST-ZIP	Winter Springs FL 32708	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Dave Piercefield	
23 STREET ADDRESS	2431 Aloma Ave., Suite 221	
24 CITY-ST-ZIP	Winter Park, FL 32792	
31 TITLE	SC, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Greg Banfield	
33 STREET ADDRESS	P.O. Box 195221	
34 CITY-ST-ZIP	Winter Springs FL 32708	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Robert Lochrane	
53 STREET ADDRESS	P.O. Box 195221	
54 CITY-ST-ZIP	Winter Springs, FL 32708	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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

DAVID S. PIERCEFIELD PRESIDENT

1/18/96

Date

(407) 657-3690

Daytime Phone #

CR2E037 (12/95)