FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #1. Corporation Name

N9400000587 (5)

WINTER SPRINGS LITTLE LEAGUE, INC.

Principa' Place of Business Mailing Address

P.O. BOX 195221

WINTER SPRINGS FL 32708

Mailing Address

P.O. BOX 195221

WINTER SPRINGS FL 32708

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



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										3. Date Incorporated or Qualified 01/31/1994 3a. Date of Last Report 03/31/1995					
	, Principal Pla I	ce of Busine	SS		failing Address					4. FEI Number 59-3261123		\rightarrow	Applied For		
21					26					39 320 1 123			Not Applicable		
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required						
City & State					City & State				6. Election Campaign Financing		\$5.0	O May Be			
23					3					Trust Fund Contribution			d to Fees		
	Zip	Country			Zip Counti				This corporation has liability for intangible tax under s. 199.032,						
24		25 29				30				Florida Statutes 🔲 Yes 📈 No					
	9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
								Name							
	PIERCEFIELD, DAVID S								82 Street Address (P.O. Box Number is Not Acceptable)						
2431 ALOMA AVE.								Street Ad	aaress !	(F.O. Box Number is Not Acceptab	ю				
CUITGE 221										_					
	WINTER PARK FL								<u>ite</u>	221					
WHATERA SOUND TO								City	. سام	- D -1	C 1	85 Zj	o Code		
	1 Dureuant to	the proview	one of Sections 617	0502 and 617	IEDR Elorido Statutos	the abou	<u></u>		YITE	submits this statement for the sur	F L	ina ita	32772		
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 witi	n, and accep	ot the obligations of,	Section 617.05	03, Florida Statutes.							-			
S	ignature _	Signature, typed (or printed name of registered	agent and title if app	luabie (NOTE	Registered A	Agent	t signature requ	uired when	n renstating)	DATE				
1:	2.		OFFICERS	AND DIRECTO	DRS	13.				ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTO	DRS IN 12		
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4. 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 suppliemental 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 one estachment with an address.

SIGNATURE:

TO DEPRIMED NAME OF SIGNING OFFICER OF DIRECTOR

S. V. C. C. F. E. C. J. J. F. W. S. V. J. S. W. S. V. J. S. V.

(461) 659-3690

R2E037 (12/95