FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # **N94000000587 (5)**

1. Corporation Name
WINTER SPRINGS LITTLE LEAGUE, INC.

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

Mailing Address
P.O. BOX 195221
WINTER SPRINGS FL 32719-5221

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report: 02/05/1996
4. FEI Number: 59-3261123 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24: 32719 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
PIERCEFIELD, DAVID S
2431 ALOMA AVE.
SUITE 221
WINTER PARK FL 32792

10. Name and Address of New Registered Agent
81 Name: Robert E. Miller
82 Street Address (P.O. Box Number is Not Acceptable): 990 Douglas Ave.
83 Suite 102
84 City: Altamonte Springs FL 85 Zip Code: 32714

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 with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Robert E. Miller — President — 1/13/97
(Signature, Type or print name of signer. Capacity or title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	☒ DELETE
NAME	CHURCH, HOWARD	
STREET ADDRESS	P.O. BO X195221	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	PD	☒ DELETE
NAME	DAVE PIERCFIELD	
STREET ADDRESS	2431 ALOMA AVE, SUITE 221	
CITY-ST-ZIP	WINER PARK FL	
TITLE	SD	☒ DELETE
NAME	GREG MILLER	
STREET ADDRESS	POST OFFICE 195221	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VPD	☐ DELETE
NAME	TOM GORDON	
STREET ADDRESS	POST OFFICE BOX 195221 (N/A)	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	☐ DELETE
NAME	LOCHRANE, ROBERT	
STREET ADDRESS	POST OFFICE BOX 195221 (N/A)	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	☐ DELETE
NAME	STEVE BUTLER	
STREET ADDRESS	POST OFFICE OX 195221 (N/A)	
CITY-ST-ZIP	WINTER SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	☒ Change ☐ Addition
1.2 NAME	Russell Voigt	
1.3 STREET ADDRESS	P.O. Box 195221 (N/A)	
1.4 CITY-ST-ZIP	Winter Springs, FL	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME	Rob Miller	
2.3 STREET ADDRESS	990 Douglas Ave., Suite 102	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	Karen Caci	
3.3 STREET ADDRESS	P.O. Box 195221 (N/A)	
3.4 CITY-ST-ZIP	Winter Springs, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 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.

CR2E037 (9/96)