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Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000587 (5)**

1. Corporation Name

**WINTER SPRINGS LITTLE LEAGUE, INC.**

Principal Place of Business

P.O. BOX 195221  
WINTER SPRINGS FL 32719  
US

Mailing Address

P.O. BOX 195221  
WINTER SPRINGS FL 32708

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

**MILLER, ROBERT E**  
**990 DOUGLAS AVE.**  
**STE 102**  
**ALTAMONTE SPRINGS FL 32714**

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 617.1503, 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.

**Robert E. Miller - President**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/7/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **TD**  
STREET ADDRESS **VOIGT, RUSSELL**  
CITY-ST-ZIP **POST OFFICE BOX 195221 N/A**  
**WINTER SPRINGS FL**

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **MILLER, ROB**  
CITY-ST-ZIP **990 DOUGLAS AVE. STE 102**  
**ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

NAME **SD**  
STREET ADDRESS **CACI, KAREN**  
CITY-ST-ZIP **POST OFFICE BOX 195221 N/A**  
**WINTER SPRINGS FL**

TITLE ☐ DELETE

NAME **VPD**  
STREET ADDRESS **TOM GORDON**  
CITY-ST-ZIP **POST OFFICE BOX 195221 N/A**  
**WINTER SPRINGS FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **LOCHRANE, ROBERT**  
CITY-ST-ZIP **POST OFFICE BOX 195221 N/A**  
**WINTER SPRINGS FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **STEVE BUTLER**  
CITY-ST-ZIP **POST OFFICE BOX 195221 N/A**  
**WINTER SPRINGS FL**

14. I 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: **Russell E. Voigt - Treasurer** 1/7/98 (407)365-1035

CR2E037 (10/97)