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1995 MAY -1 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N94000006155 (5)

1. Corporation Name

SOUTH DAYTONA-HALIFAX LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
444 SEABREEZE BLVD. SUITE 800 DAYTONA BEACH FL 32118	P.O. BOX 15110 DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report:
4. FEI Number: 59-3294535 ☐ 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
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

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

9. Name and Address of Current Registered Agent

DORAN, THEODORE R
444 SEABREEZE BLVD.
SUITE 800
DAYTONA BEACH FL 32118

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	D	11 TITLE	☐ Change ☐ Addition 200001492372
NAME	DASCOLI, CAROL	12 NAME	-05/17/95--01175--012
STREET ADDRESS	1939 BLAKE PLACE	13 STREET ADDRESS	****155.00 ****155.00
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	XX Change ☐ Addition Secretary
NAME	WOOD, BRIAN	22 NAME	Pamela Norwood
STREET ADDRESS	2177 NOTTINGHAM RD.	23 STREET ADDRESS	1899 Magnolia Avenue
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	24 CITY-ST-ZIP	South Daytona, FL 32119
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	GOLDSTONE, HENRY	32 NAME	
STREET ADDRESS	112 BEVERLY TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DONAHUE, LYNN	42 NAME	
STREET ADDRESS	1970 MENGER CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	XX Change ☐ Addition Auxiliary President
NAME	MEWHORTER, BOB	52 NAME	Jan Rowe
STREET ADDRESS	900 TEAGUE ST.	53 STREET ADDRESS	Cherry Street
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	54 CITY-ST-ZIP	South Daytona, FL 32119
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	NORWOOD, PAM	62 NAME	DA
STREET ADDRESS	1899 MAGNOLIA AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	64 CITY-ST-ZIP	5-1-

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: Carol Webb-Dascoli Carol Webb Dascoli 5-10-95 904-756-7280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021383