

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90197 019 ****61.25

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1. Corporation Name

SOUTH DAYTONA-HALIFAX LITTLE LEAGUE, INC.

Principal Place of Business

1727 1/2 EASTERN RD
SOUTH DAYTONA FL 32119
US

Mailing Address

P.O. BOX 15110
DAYTONA BEACH FL 32115



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/16/1994

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

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 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

TITLE DP ☒ DELETE

NAME SCAVARDA, DEBBIE
STREET ADDRESS 2939 BRISTOL LN
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE DVP ☒ DELETE

NAME BROOKS, TAMERA
STREET ADDRESS 1621 LOCKHART ST
CITY-ST-ZIP S DAYTONA FL 32119

TITLE DS ☐ DELETE

NAME LOVECCHIO, ROSE
STREET ADDRESS 4109 ORIOLE AVE
CITY-ST-ZIP WILBUR BY SEA FL 32127

TITLE DT ☒ DELETE

NAME KENNEY, JUDY
STREET ADDRESS 948 LONG SHADOW RD
CITY-ST-ZIP S DAYTONA FL 32119

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP
1.3 STREET ADDRESS Carol Hopkins
1.4 CITY-ST-ZIP 2836 Oaklea Drive
South Daytona, FL 32119

2.1 TITLE DVP ☒ Change ☐ Addition

2.2 NAME Paulette McIntyre
2.3 STREET ADDRESS 2926 Carriage Dr.
2.4 CITY-ST-ZIP South Daytona, FL 32119

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME DT
4.3 STREET ADDRESS Donna Shields
4.4 CITY-ST-ZIP 2140 S. Palmetto Ave.
South Daytona, FL 32119

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Senior League Director
5.3 STREET ADDRESS Brian Wood
5.4 CITY-ST-ZIP 2177 Nottingham Rd.
South Daytona, FL 32119

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Carol Hopkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

904 322 3073

Daytime Phone #

CR2E037 (11/98)

0002030