

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000006219 (9)

1. Corporation Name

WINTER GARDEN LITTLE LEAGUE, INC.



Principal Place of Business

Mailing Address

415 SOUTH PARK AVE.  
WINTER GARDEN FL 34787  
US

POST OFFICE BOX 770638  
WINTER GARDEN FL 34777  
US

3. Date Incorporated or Qualified  
12/20/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0543705

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, BLAIR M  
425 SOUTH DILLARD STREET  
WINTER GARDEN FL 34787

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           | PD                      | DELETE |
| NAME            | SHERRON, JEFF           | XXX    |
| STREET ADDRESS  | C/O 415 SOUTH PARK AVE. |        |
| CITY - ST - ZIP | WINTER GARDEN FL        |        |
| TITLE           | VD                      | DELETE |
| NAME            | CROWE, STEVE            | XX     |
| STREET ADDRESS  | C/O 415 SOUTH PARK AVE. |        |
| CITY - ST - ZIP | WINTER GARDEN FL        |        |
| TITLE           | SD                      | DELETE |
| NAME            | LOVEJOY, JEAN           |        |
| STREET ADDRESS  | C/O 415 SOUTH PARK AVE. |        |
| CITY - ST - ZIP | WINTER GARDEN FL        |        |
| TITLE           | TD                      | DELETE |
| NAME            | MATHEWS, DAVID          | XX     |
| STREET ADDRESS  | C/O 415 SOUTH PARK AVE. |        |
| CITY - ST - ZIP | WINTER GARDEN FL        |        |
| 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           | PD                           | Change | Addition |
| 1.2 NAME            | SCOTT, KENNY                 |        |          |
| 1.3 STREET ADDRESS  | C/O 415 SOUTH PARK AVE.      |        |          |
| 1.4 CITY - ST - ZIP | WINTER GARDEN, FL            |        |          |
| 2.1 TITLE           | VD                           | Change | Addition |
| 2.2 NAME            | BUTLER, BOBBY                | XX     |          |
| 2.3 STREET ADDRESS  | C/O 415 XXXX SOUTH PARK AVE. |        |          |
| 2.4 CITY - ST - ZIP | WINTER GARDEN, FL            |        |          |
| 3.1 TITLE           |                              | Change | Addition |
| 3.2 NAME            |                              |        |          |
| 3.3 STREET ADDRESS  |                              |        |          |
| 3.4 CITY - ST - ZIP |                              |        |          |
| 4.1 TITLE           | TD                           | Change | Addition |
| 4.2 NAME            | KUEHN, RICHARD               | XX     |          |
| 4.3 STREET ADDRESS  | C/O 415 SOUTH PARK AVE.      |        |          |
| 4.4 CITY - ST - ZIP | WINTER GARDEN, FL            |        |          |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD L. KUEHN JR

Date

6/13/96

Daytime Phone #

0010293

CR2E037 (3/96)