


FILE NOW: FILING FEE IS \$61.25

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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000006219 (9) 1. Corporation Name WINTER GARDEN LITTLE LEAGUE, INC.					
Principal Place of Business 415 SOUTH PARK AVE. WINTER GARDEN FL 34787 US			Mailing Address POST OFFICE BOX 770638 WINTER GARDEN FL 34777-0638 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/20/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 07/17/1996	
City & State 23		City & State 28		4. FEI Number 65-0543705	
Zip 24		Country 25		Applied For Not Applicable	
Country 29		Zip 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 29		Zip 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent JOHNSON, BLAIR M 425 SOUTH DILLARD STREET WINTER GARDEN FL 34787			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME PD SCOTT, KENNY					
STREET ADDRESS 415 S PARK AVE					
CITY-ST-ZIP WINTER GARDEN FL					
1.2 NAME <input type="checkbox"/> DELETE					
NAME VD BUTLER, BOBBY					
STREET ADDRESS 415 S PARK AVE					
CITY-ST-ZIP WINTER GARDEN FL					
1.3 NAME <input type="checkbox"/> DELETE					
NAME SD LOVEJOY, JEAN					
STREET ADDRESS C/O 415 SOUTH PARK AVE.					
CITY-ST-ZIP WINTER GARDEN FL					
1.4 NAME <input type="checkbox"/> DELETE					
NAME TD KUEHN, RICHARD					
STREET ADDRESS 415 S PARK AVE					
CITY-ST-ZIP WINTER GARDEN FL					
1.5 NAME <input type="checkbox"/> DELETE					
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STREET ADDRESS					
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1.6 NAME <input type="checkbox"/> DELETE					
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME PD Scott, Javeen					
1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME VD Flynn, Dennis					
1.3 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME Wagman, Linda					
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NAME TD Hopler, Dorene					
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