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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified

12/20/1994

4. FEI Number

65-0543705

Applied For
Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SCOTT, JANEEN	1.2 NAME	SCOTT, JANEEN
STREET ADDRESS	415 S PARK AVE	1.3 STREET ADDRESS	415 S PARK AVE
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	WINTER GARDEN FL
TITLE	VD	2.1 TITLE	VD
NAME	FLYNN, DENNIS	2.2 NAME	FLYNN, DENNIS
STREET ADDRESS	415 S PARK AVE	2.3 STREET ADDRESS	415 S PARK AVE
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	WINTER GARDEN FL
TITLE	SD	3.1 TITLE	SD
NAME	WAGMON, LINDA	3.2 NAME	CONYERS, TAMARA
STREET ADDRESS	C/O 415 SOUTH PARK AVE.	3.3 STREET ADDRESS	415 S PARK AVE
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	WINTER GARDEN FL
TITLE	TD	4.1 TITLE	TD
NAME	HOPLER, DARLENE	4.2 NAME	LEDFORD, JODI
STREET ADDRESS	415 S PARK AVE	4.3 STREET ADDRESS	415 S PARK AVE
CITY-ST-ZIP	WINTER GARDEN FL	4.4 CITY-ST-ZIP	WINTER GARDEN FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE REQUIRED

1/20/98 877-6046

CR2E037 (10/97)