

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006219

FILED
Jan 06, 2005
Secretary of State

Entity Name: WINTER GARDEN LITTLE LEAGUE, INC.

Current Principal Place of Business:

415 SOUTH PARK AVE.
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 770638
WINTER GARDEN, FL 34777 US

New Mailing Address:

FEI Number: 59-2073076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BALLANT, TAMMY
Address: 415 S PARK AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: HIGGINBOTHAM, SUSAN
Address: 415 S PARK AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: PD () Delete
Name: CRIM, TIM
Address: 415 S PARK AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: MCMANNEN, STEVE
Address: 415 S PARK AVE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: EAZSOL, KEITH
Address: 415 S PARK AVE
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN HIGGINBOTHAM

TD

01/06/2005

Electronic Signature of Signing Officer or Director

Date