

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90046 044 ****61.25

DOCUMENT # N94000006219

1. Entity 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**

40000881



01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2073076

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BALLANT, TAMMY
415 S PARK AVE
WINTER GARDEN, FL 34787** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COMBS, LISA
415 SOUTH PARK AVENUE
WINTER GARDEN, FL 34787** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HIGGINBOTHAM, PHIL
415 SOUTH PARK AVENUE
WINTER GARDEN, FL 34787** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EASZOL, KEITH
415 S PARK AVE
WINTER GARDEN, FL 34787** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP +D
Tim Crim
415 S. Park Ave
Winter Garden FL 34787** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Randy Mears
415 S. Park Ave
Winter Garden FL** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

Lisa Combs

1/9/07

407-656-6611