FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N95000000543 (7)**

1. Corporation Name

DEBARY LITTLE LEAGUE, INCORPORATED

Principal Place of Business	Mailing Address
111 SUNDOWN RD DEBARY FL 32713-4240	111 SUNDOWN RD DEBARY FL 32713-4240

3. Date Incorporated or Qualified: 01/31/1995
3a. Date of Last Report:

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26: P.O. BOX 35
27: Suite, Apt. #, etc.:
28: City & State: DEBARY FL
29: Zip: 32713
30: Country: ~~FG~~ USA

4. FEI Number: 59-3331933 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

PROVAU, DAVID W
111 SUNDOWN RD
DEBARY FL 32713-4240

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PROVAU, DAVID W		1.2 NAME		
STREET ADDRESS	111 SUNDOWN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713-4240		1.4 CITY-ST-ZIP		
TITLE	1V	☐ DELETE	2.1 TITLE	1V	☑ Change ☐ Addition
NAME	REDMAN, VALORIE		2.2 NAME	MIKE BROWN - D	
STREET ADDRESS	257 E HIGHBANKS RD		2.3 STREET ADDRESS	11 MONROE AVENUE	
CITY-ST-ZIP	DEBARY FL 32713		2.4 CITY-ST-ZIP	DEBARY FL 32713	
TITLE	S	☐ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	O'REILLY, ROBERT		3.2 NAME	LYDIA HENNING - D	
STREET ADDRESS	105 PLANTATION RD		3.3 STREET ADDRESS	152 DEBARY DRIVE	
CITY-ST-ZIP	DEBARY FL 32713		3.4 CITY-ST-ZIP	DEBARY FL 32713	
TITLE	T	☐ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	GOODIN, JANE		4.2 NAME	JOHN LAMBERT - D	
STREET ADDRESS	6 SURREY RD		4.3 STREET ADDRESS	16 SURREY ROAD	
CITY-ST-ZIP	DEBARY FL 32713		4.4 CITY-ST-ZIP	DEBARY FL 32713	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	100001771641	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-04/08/96--01018--001	
TITLE		☐ DELETE	6.1 TITLE	***61.25	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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] President 2-8-96 407-668-4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID W. PROVAU