

DOCUMENT # IN95000000543

1. Entity Name

DEBARY LITTLE LEAGUE, INCORPORATED

Principal Place of Business

Mailing Address

100 W HIGHBANKS RD
DEBARY FL 32713
USP.O. BOX 35
DE BARY FL 32713-0035
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3331933

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

HERNANDEZ, ELIZABETH
23 WENTWOOD DRIVE
DEBARY FL 32713

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SANFORD, DALE	
STREET ADDRESS	P.O. BOX 893	
CITY-ST-ZIP	DEBARY FL 32713	

TITLE	TD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ELIZABETH	
STREET ADDRESS	23 WENTWOOD DRIVE	
CITY-ST-ZIP	DEBARY FL 32713	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FRANCIS, BENNIE	
STREET ADDRESS	112 PINE VALLEY COURT	
CITY-ST-ZIP	DEBARY FL 32713	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUGAN, DONNA	
STREET ADDRESS	84 SPUE RD. RD	
CITY-ST-ZIP	DEBARY FL 32713	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Wilson	
STREET ADDRESS	102 Sundown Road	
CITY-ST-ZIP	DeBary, FL 32713	

TITLE	Same -	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	no change!	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Cove	
STREET ADDRESS	423 Softshadow Lane	
CITY-ST-ZIP	DeBary, FL 32713	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Faye Brandani	
STREET ADDRESS	345 Providence Road	
CITY-ST-ZIP	Deltona, FL 32725	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Elizabeth Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/10/00 (407) 668-5184
Date Daytime Phone #FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90101 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)