

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90005 011 ****61.25

DOCUMENT # N95000001439

1. Entity Name
OLDSMAR LITTLE LEAGUE, INC.



Principal Place of Business
3120 TAMPA ROAD
OLDSMAR, FL 34677

Mailing Address
POST OFFICE BOX 714
OLDSMAR, FL 34677

34067868



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3303644

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

LIEBLING, LAWRENCE H
24761 U.S. 19 NORTH, SUITE 620
CLEARWATER, FL 34623

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 September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MORELLI, VIC
STREET ADDRESS 395 CYPRESS CREEK CIRCLE
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE **Pd** President ☒ Change ☐ Addition
NAME **Lori Scaggs**
STREET ADDRESS **821 Jacaranda Dr.**
CITY-ST-ZIP **Oldsmar FL 34677**

TITLE VP ☐ Delete
NAME SYRO, JOHN
STREET ADDRESS 1915 DOVER CT
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE **VP** ☒ Change ☐ Addition
NAME **John Syro**
STREET ADDRESS **405 Ventura Dr.**
CITY-ST-ZIP **Oldsmar FL 34677**

TITLE S ☐ Delete
NAME SCAGGS, LORI
STREET ADDRESS 821 JACARENDA DR
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE **S** ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Gail Leppert**
CITY-ST-ZIP **616 Timber Bay Circle W.**
Oldsmar FL 34677

TITLE T ☐ Delete
NAME LEWIS, FRED
STREET ADDRESS 1709 AZALEA CT #A
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE **T** ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Allan Adzima**
CITY-ST-ZIP **45 Kelleys Trail**
Oldsmar FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Lori Scaggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04 **813-818-0668**
Date Daytime Phone #