

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N95000005402 (1)**

1. Corporation Name

**EAST ORANGE LITTLE LEAGUE, INCORPORATED**

Principal Place of Business

Mailing Address

**18501 WASHINGTON AVE  
ORLANDO FL 32820****P.O. BOX 922  
CHRISTMAS FL 32709-0922**3. Date Incorporated or Qualified  
**11/13/1995**3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

**59-3107318**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

10. Name and Address of New Registered Agent

**HUBBARD, TARA  
13755 WESLEYAN BLVD  
ORLANDO FL 32826**

81 Name

**Susan McKinney**

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

**23150 Tex Wheeler Avenue**

83

**P O Box 583**

84 City

**CHRISTMAS****FL**

85 Zip Code

**32709**

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

**Susan McKinney**

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

(NOTE: Registered Agent signature required when reinstating)

**1/27/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MULLEN, DON</b>	
STREET ADDRESS	<b>17631 EVANS TRAIL</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32833</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CARTER, LEON</b>	
1.3 STREET ADDRESS	<b>13609 SKY BLUE CART</b>	
1.4 CITY - ST - ZIP	<b>ORLANDO, FL 32828</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MULLEN, TINA</b>	
STREET ADDRESS	<b>17631 EVANS TRAIL</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32833</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HENDRIKS, SANDRA</b>	
2.3 STREET ADDRESS	<b>729 HOLLOWELL CIRCLE</b>	
2.4 CITY - ST - ZIP	<b>ORLANDO, FL 32828</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUBBARD, TARA</b>	
STREET ADDRESS	<b>13755 WESLEYAN BLVD</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32826</b>	

3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>McKinney, SUSAN</b>	
3.3 STREET ADDRESS	<b>23150 Tex Wheeler Ave</b>	
3.4 CITY - ST - ZIP	<b>CHRISTMAS, FL 32709</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKINNEY, ROBERT JR</b>	
STREET ADDRESS	<b>P.O. BOX 583 (N/A)*</b>	
CITY - ST - ZIP	<b>CHRISTMAS FL 32709</b>	

4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>McKinney, ROBERT JR</b>	
4.3 STREET ADDRESS	<b>23150 Tex Wheeler Avenue</b>	
4.4 CITY - ST - ZIP	<b>CHRISTMAS FL 32709</b>	

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

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

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

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

14. I do 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 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: **Susan McKinney** **Susan McKinney****1/27/97****(407) 933-6619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013002

CR2E037 (9/96)