

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2004 8:00 am
Secretary of State

06-16-2004 90011 015 ****70.00

DOCUMENT # N96000005094

1. Entity Name

LONGWOOD LITTLE LEAGUE BASEBALL, INC.



Principal Place of Business

451 FLORA CREEK COURT
LAKE MARY FL 32746

Mailing Address

P.O. BOX 951824
LAKE MARY FL 32795-1824

54057586



MOORE

CR2E037 (4/04)

2. Principal Place of Business

1400 SR 419

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 180662

Suite, Apt. #, etc.

Casselberry FL

City & State

Winter Springs FL

City & State

Zip

32708

Country

USA

Zip

32718

Country

USA

4. FEI Number

59-3716599

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIDES, RONALD G
451 FLORA CREEK COURT
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

DAVE ROY

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

145 E. TRADEWINDS RD

City

Winter Springs

FL

Zip Code

32708

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

6-14-04

FILE NOW: 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIDES, RONALD G	
STREET ADDRESS	451 FLORA CREEK COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	STALKER, GARY	
STREET ADDRESS	337 NEBRASKA STREET	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIANE, POTTER	
STREET ADDRESS	546 FREEMAN ST	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLARK, DARLENE	
STREET ADDRESS	944 LONG PINE DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, SCOTT	
STREET ADDRESS	105 TANGERINE DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PAGAN, ANDY	
STREET ADDRESS	120 LAKEBREEZE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DAVE ROY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE ROY	
STREET ADDRESS	145 E. TRADEWINDS RD	
CITY-ST-ZIP	Winter Springs FL 32708	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-04

Date

407 834 5833

Daytime Phone #