2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2025
Secretary of State
8726819112CC

DOCUMENT# N01000006553

Entity Name: WEST HERNANDO LITTLE LEAGUE INC.

Current Principal Place of Business:

2313 FOUNDER RD
BALL PARK
SPRING HILL, FL 34606

Current Mailing Address:

PO BOX 6783
SPRING HILL, FL 34611

FEI Number: 59-3743298

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUGHES, KATHLEEN
2088 BREEZY WAY
SPRING HILL, FL 34608 US

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: KATHLEEN HUGHES 02/09/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	HUGHES, KATHLEEN
Address	2088 BREEZY WAY
City-State-Zip:	SPRING HILL FL 34608

Title	DIRECTOR
Name	WHITING, DON
Address	2415 OLAR CT
City-State-Zip:	SPRING HILL FL 34608

Title	DIRECTOR
Name	ULLERY, WAYDE
Address	10086 ELGIN BLVD
City-State-Zip:	SPRINGHILL FL 34608

Title	DIRECTOR
Name	FORGIONE , SAMANTHA
Address	14093 SANDY DRIVE
City-State-Zip:	BROOKSVILLE FL 34613

Title	TREASURER
Name	FORGIONE, SAMANTHA
Address	14093 SANDY DR
City-State-Zip:	BROOKSVILLE FL 34613

Title	DIRECTOR
Name	BETZ JR, FREDERICK
Address	14096 BRUNI DR.
City-State-Zip:	SPRING HILL FL 34609

Title	CORRESPONDING SECRETARY
Name	CARROLL, GREG
Address	657 PETAL MIST LANE
City-State-Zip:	BROOKSVILLE FL 34604

Title	FIELD MAINTENANCE
Name	FIGUEROA, JOMAR
Address	23141 FITZHUGH AVENUE
City-State-Zip:	BROOKSVILLE FL 34601

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMANTHA FORGIONE TREASURER 02/09/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	CARROLL, RHONDA
Address	657 PETAL MIST LANE
City-State-Zip:	BROOKSVILLE FL 34604