

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702272 (6)

1. Corporation Name

NORTH LAKELAND LITTLE LEAGUE, INC.

Principal Place of Business

7044 GREEN RD
LAKELAND FL 33809
US

Mailing Address

7044 GREEN RD
LAKELAND FL 33810-2111
US3. Date Incorporated or Qualified
04/13/19613a. Date of Last Report
03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-3178211Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

WEST, DEBI W
319 LOUIS EDWARD COURT
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name Brad Fox
82 Street Address (P.O. Box Number is Not Acceptable)
5712 Lake Breeze Ave
83
84 City Lakeland FL 85 Zip Code 33809

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

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

(NOTE: Registered Agent signature required when reinstating)

BRAD FOX 2/1/97 PRESIDENT
2/24/97 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEST, DEBI W	
STREET ADDRESS	319 LOUIS EDWARD CT	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASTERS, SUSAN	
STREET ADDRESS	7217 HILEMAN DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEST, PAUL A	
STREET ADDRESS	319 LOUIS EDWARD CT	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICE, DON	
STREET ADDRESS	4843 ANGUS ROAD	
CITY-ST-ZIP	POLK CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brad Fox	
1.3 STREET ADDRESS	5712 Lake Breeze Ave	
1.4 CITY-ST-ZIP	Lakeland FL 33809	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frank Howell	
2.3 STREET ADDRESS	1805 Baltic Place	
2.4 CITY-ST-ZIP	Lakeland FL 33809	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jim Lehman	
3.3 STREET ADDRESS	7421 Oak Haven Dr	
3.4 CITY-ST-ZIP	Lakeland 33810	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Chester Trump	
4.3 STREET ADDRESS	4804 Acorn Drive, North	
4.4 CITY-ST-ZIP	Lakeland FL 33809	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe Quigley	
5.3 STREET ADDRESS	6206 Doc Circle East	
5.4 CITY-ST-ZIP	Lakeland FL 33809	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053019

CR2E037 (9/96)