

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 31 1996 8:00 am
Secretary of State

DOCUMENT # 705793 (8)

1. Corporation Name
NORTH EAST LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address
169 N.W. 44TH STREET P.O. BOX 122 FT LAUDERDALE FL 33309-3923

3. Date Incorporated or Qualified **06/24/1963** 3a. Date of Last Report **08/23/1995**
4. FEI Number **52-1287641** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**KOLLER, KAREN S
5456 NE 5TH AVE
FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent
81 Name **SNAUFFER, JOHN W.**
82 Street Address (P.O. Box Number is Not A) **809 N.E. 12TH AVENUE**
83
84 City **POMPANO BEACH FL 33060**

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 617.0303, Florida Statutes.

SIGNATURE *[Signature]* **JANUARY 6, 1996**
Signature, typed or printed name of registered agent or director (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	KOLLER, KAREN
STREET ADDRESS	5456 NE 5TH AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	CATRON, MARY
STREET ADDRESS	5640 NE 7TH TERR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	CATRON, JEFFREY
STREET ADDRESS	5640 NE 7TH TERR
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PRICE, LARRY
STREET ADDRESS	4520 NE 15TH TERR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	YACOPINO, NORMAN
STREET ADDRESS	4431 NW 36TH CT
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	IONGHAM, NANCY
STREET ADDRESS	350 NE 49TH ST
CITY-ST-ZIP	FORT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SNAUFFER, JOHN
1.3 STREET ADDRESS	809 N.E. 12TH AVENUE
1.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ZIEGLER, MICHAEL
2.3 STREET ADDRESS	5249 N.E. 2ND AVENUE
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FLA. 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STROBL, PATRICIA
3.3 STREET ADDRESS	5464 N.E. 1ST AVENUE
3.4 CITY-ST-ZIP	FORT LAUDERDALE, FLA. 33309
4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRIGGS, KIM
4.3 STREET ADDRESS	168 N.W. 66TH STREET
4.4 CITY-ST-ZIP	FORT LAUDERDALE, FLA. 33309
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BINGEL, RAYMOND C.
5.3 STREET ADDRESS	311 N.W. 54TH STREET
5.4 CITY-ST-ZIP	FORT LAUDERDALE, FLA. 33309
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KOBER, MICHAEL
6.3 STREET ADDRESS	5660 N.E. 7TH TERRACE
6.4 CITY-ST-ZIP	FORT LAUDERDALE, FLA. 33309

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **JANUARY 16, 1996** **954-782-1124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)