


FILE NOW: FILING FEE IS \$61.25

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Jun 18 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 708631 (7)**

1. Corporation Name  
**INDIAN RIVER COUNTY LITTLE LEAGUE, INC.**

Principal Place of Business <b>3995 18TH STREET P.O. BOX 2519 VERO BEACH FL. 32961-9519</b>	Mailing Address <b>3995 18TH STREET P.O. BOX 2519 VERO BEACH FL. 32961-2519 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

3. Date Incorporated or Qualified <b>03/12/1965</b>	3a. Date of Last Report <b>08/07/1996</b>
4. FEI Number <b>59-0950327</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EARLYWINE, SUSAN T.**  
**1500 14TH STREET, STE. B**  
**VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

**81 Name** **LEWIS, LEROY**  
**82 Street Address (P.O. Box Number is Not Acceptable)** **665 32ND COURT S.W.**  
**83**  
**84 City** **VERO BEACH** **FL** **85 Zip Code** **32968**

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]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4/12/97**

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WELLMAKER, PHILLIP</b>	
STREET ADDRESS <b>6235 SEVENTH LANE</b>	
CITY-ST-ZIP <b>VERO BEACH FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ODOM, MARK</b>	
STREET ADDRESS <b>4395 2ND CIRCLE</b>	
CITY-ST-ZIP <b>VERO BEACH FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LUTHER, SUSAN</b>	
STREET ADDRESS <b>685 27TH DRIVE</b>	
CITY-ST-ZIP <b>VERO BEACH FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>EARLYWINE, SUSAN</b>	
STREET ADDRESS <b>4385 2ND CIRCLE</b>	
CITY-ST-ZIP <b>VERO BEACH FL</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE
NAME <b>LEWIS, LEROY</b>	
STREET ADDRESS <b>665 32ND COURT, S.W.</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32968</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>BELKY DIAZ</b>	
1.3 STREET ADDRESS <b>7481 N. 16TH MANOR</b>	
1.4 CITY-ST-ZIP <b>VERO BEACH, FL. 32960</b>	
2.1 TITLE <b>S D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>JOANNE MOYER</b>	
2.3 STREET ADDRESS <b>1576 33RD AVE.</b>	
2.4 CITY-ST-ZIP <b>VERO BEACH, FL. 32960</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>T D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>GARY M. RUST</b>	
4.3 STREET ADDRESS <b>405 33RD AVE. S.W.</b>	
4.4 CITY-ST-ZIP <b>VERO BEACH, FL 32968</b>	
5.1 TITLE <b>P D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 *[Signature]* (GARY M. RUST) DATE **4/12/97**

CP2E037 (9/96)