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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712892 (9)

1. Corporation Name
PORT ST LUCIE LITTLE LEAGUE, INC.



Principal Place of Business 113 SW EYERLY AVE P.O. BOX 8055 PORT ST LUCIE FL 34985	Mailing Address 113 SW EYERLY AVE P.O. BOX 8055 PORT ST LUCIE FL 34985
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3. Date Incorporated or Qualified 06/07/1967	
4. FEI Number 59-2156222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**HUDMAN, DEWEY W.
113 S.W. EYERLY AV
PT. ST. LUCIE FL 34983**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUDMAN, DEWEY W	
STREET ADDRESS	113 SW EYERLY AVE	
CITY - ST - ZIP	PT ST LUCIE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MASUCCI, FRED	
STREET ADDRESS	292 NW CURTIS ST.	
CITY - ST - ZIP	PT. ST. LUCIE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SNEIDER, DEBBIE	
STREET ADDRESS	1330 SE OAKMONT LANE	
CITY - ST - ZIP	PT. ST. LUCIE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MASTROIANNI, TOM	
STREET ADDRESS	1389 SW RIVERGREEN CR	
CITY - ST - ZIP	PT ST LUCIE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEBBIE ROBBINS	
STREET ADDRESS	2138 SE HARLOWE ST	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT LOVEN	
STREET ADDRESS	2014 SE HIDEAWAY CR	
CITY - ST - ZIP	PORT ST LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D DONNA HENTZ
2.3 STREET ADDRESS	2549 SW CARPENTER ST
2.4 CITY - ST - ZIP	PORT ST LUCIE FL 34984
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PD JAMES MOUGEOTTE
4.3 STREET ADDRESS	2962 SE BELLA RD
4.4 CITY - ST - ZIP	PORT ST LUCIE FL 34984
5.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
6.2 NAME	D MICHAEL FORTE
6.3 STREET ADDRESS	354 NE SURFSIDE AV
6.4 CITY - ST - ZIP	PORT ST LUCIE FL 34983

14. 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 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: *Dewey W. Hudman* TREASURER *DEWEY W HUDMAN / 2-2-98 111-412-2802*

CR2E037 (10/97)