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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712892

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 8065
 PORT ST LUCIE FL 34985



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/07/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2156222

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **TD HUDMAN, DEWEY W**
 STREET ADDRESS **113 SW EYERLY AVE**
 CITY-ST-ZIP **PT ST LUCIE, FL 00000**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP **34983**

TITLE DELETE
 NAME **D HENTZ, DONNA**
 STREET ADDRESS **2549 SW CARPENTER ST**
 CITY-ST-ZIP **PT. ST. LUCIE FL 34984**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DVP SNEIDER, DEBBIE**
 STREET ADDRESS **1330 SE OAKMONT LANE**
 CITY-ST-ZIP **PT. ST. LUCIE FL**

3.1 TITLE Change Addition
 3.2 NAME **DVP BRUMBERG, CARLA**
 3.3 STREET ADDRESS **1992 SW AIROSO BV**
 3.4 CITY-ST-ZIP **PT ST LUCIE, FL 34984**

TITLE DELETE
 NAME **PD MOUGEOTTE, JAMES**
 STREET ADDRESS **2962 SE BELLA RD**
 CITY-ST-ZIP **PT ST LUCIE FL 34984**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **SD DEBBIE ROBBINS**
 STREET ADDRESS **2138 SE HARLOWE ST**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP **34952**

TITLE DELETE
 NAME **D FORTE, MICHAEL**
 STREET ADDRESS **354 NE SURFSIDE AVE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

6.1 TITLE Change Addition
 6.2 NAME **D BRUMBERG, JOHN**
 6.3 STREET ADDRESS **1992 SW AIROSO BV**
 6.4 CITY-ST-ZIP **PT ST LUCIE, FL 34984**

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, with all other like empowered.

SIGNATURE:

Dewey W. Hudman **REQUIRED DEWEY HUDMAN 2-22-99 561-462-2802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)