FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:37

DOCUMENT # 718140 (7)

1. Corporation Name
INVERNESS LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
PO BOX 2351 INVERNESS FL 32652 US	PO BOX 2351 INVERNESS FL 32652 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1970
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2472922 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34451-2351 Country 25	Zip 29: 34451-2351 Country 30

9. Name and Address of Current Registered Agent

BEAUDET, DONALD R
609 E KELLER CT
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5581 S. Marathon Terrace
83
84 City: Inverness FL 85 Zip Code: 34452

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HANLON, LARRY	1.2 NAME	Hanlon, Larry	
STREET ADDRESS	3431 S DAYTON TERRACE	1.3 STREET ADDRESS	PO Box 2351 NR	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	Inverness, FL 34451-2351	
TITLE	PD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	BEAUDET, DONALD R	2.2 NAME	Beaudet, Donald R.	
STREET ADDRESS	609 E KELLER CT	2.3 STREET ADDRESS	5581 S. Marathon Terrace	
CITY-ST-ZIP	HERNANDO FL	2.4 CITY-ST-ZIP	Inverness, FL 34452	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	HUDSON, JUDY	3.2 NAME		
STREET ADDRESS	1104 LAKEVIEW DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	POSTA, KEITH	4.2 NAME	Brawls, Jim	
STREET ADDRESS	580 N WOODLAKE AVE	4.3 STREET ADDRESS	12165 S Pleasant Grove Rd	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	Floral City, FL 34436	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: _____ 1/27/95 (904) 629-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081088