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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 718140 (7)
1. Corporation Name
INVERNESS LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address
PO BOX 2351 INVERNESS FL 34451-2351 US
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3. Date Incorporated or Qualified 04/03/1970
3a. Date of Last Report 02/29/1996

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

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CONKEL, JEFFREY C.
3621 S DIAMOND AVE
INVERNESS FL 34452

10. Name and Address of New Registered Agent
81 Name Mark R. Rogers
82 Street Address (P.O. Box Number is Not Acceptable) 831 Sweet Pine Pt.
84 City Inverness FL 85 Zip Code 34452

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 *Mark R. Rogers* Mark R. Rogers 1-28-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKEL, JEFFREY C.	1.2 NAME	Rogers, Mark R
STREET ADDRESS	3621 S DIAMOND AVE	1.3 STREET ADDRESS	831 N Sweetpine Pt
CITY - ST - ZIP	INVERNESS FL	1.4 CITY - ST - ZIP	Inverness FL 34452
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BART	2.2 NAME	Bennett, Bart
STREET ADDRESS	3614 E AQUARIUS CT	2.3 STREET ADDRESS	3614 E Aquarius Dr. 864 E Aquarius Dr.
CITY - ST - ZIP	INVERNESS FL	2.4 CITY - ST - ZIP	Inverness FL 34450
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLELLAN, WANDA	3.2 NAME	Boyxin, Peggy
STREET ADDRESS	1536 S HILLOCK TERR	3.3 STREET ADDRESS	584 E Knightsbridge Pl
CITY - ST - ZIP	INVERNESS FL	3.4 CITY - ST - ZIP	Lecanto, FL 34461
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PATRICIA	4.2 NAME	Hanlon, Larry
STREET ADDRESS	6797 ANNA JO DR	4.3 STREET ADDRESS	3815 S Susan Pt
CITY - ST - ZIP	INVERNESS FL	4.4 CITY - ST - ZIP	Inverness FL 34450
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Mark R. Rogers* Mark R. Rogers 1-28-97 352-344-0323
Signature and typed or printed name of signing officer or director Date

CR2E037 (9/96)