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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718140
 1. Corporation Name
INVERNESS LITTLE LEAGUE, INC.

Principal Place of Business PO BOX 2351 INVERNESS FL 34451-2351 US	Mailing Address PO BOX 2351 INVERNESS FL 34451-2351 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/03/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2472922
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
ROGERS, MARK R.
831 SWEET PINE PT.
INVERNESS FL 34452

10. Name and Address of New Registered Agent
 81 Name **Wanda McClellan**
 82 Street Address (P.O. Box Number is Not Acceptable) **1536 S. Hillock Terrace**
 83
 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 *Wanda McClellan* **Wanda McClellan** **1/5/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, MARK R.	
STREET ADDRESS	831 N. SWEET PINE PT.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, BART	
STREET ADDRESS	8614 E. AQUARUS DR.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOYAJAN, PEGGY	
STREET ADDRESS	584 E. KNIGHTSBRIDGE PLACE	
CITY-ST-ZIP	LECANTO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HANLON, LARRY	
STREET ADDRESS	3815 S. SUSAN PT.	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wanda McClellan	
1.3 STREET ADDRESS	1536 S. Hillock Terrace	
1.4 CITY-ST-ZIP	Inverness, FL 34452	
2.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ed Lattin	
2.3 STREET ADDRESS	2575 S. Zellner Drive	
2.4 CITY-ST-ZIP	Inverness, FL 34450	
3.1 TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sherri De Carlo	
3.3 STREET ADDRESS	5322 East Pentice Lane	
3.4 CITY-ST-ZIP	Inverness, FL 34452	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Sattmarsh	
4.3 STREET ADDRESS	5454 S. Utopia Terrace	
4.4 CITY-ST-ZIP	Inverness, FL 34450	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Ed Lattin* **Ed Lattin** **1/5/99** (352)344-3589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)