

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763180 (7)
1. Corporation Name
ST. AUGUSTINE LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address
P.O. BOX 305 ST. AUGUSTINE FL 32085 P.O. BOX 305 ST. AUGUSTINE FL 32085

3. Date Incorporated or Qualified **05/07/1982** 3a. Date of Last Report **02/13/1995**
4. FEI Number **52-1287648** 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

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 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**PELLICER, CHARLES E.
28 CORDOVA ST.
*ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when re-registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HARRIS, LYNN 829 KINGS ESTATE RD ST AUGUSTINE, FL 00000	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	<i>McMahon, Patricia</i>
STREET ADDRESS		13 STREET ADDRESS	<i>1066 Decade Dr</i>
CITY-ST-ZIP		14 CITY-ST-ZIP	<i>St Augustine, Fla 32086</i>
TITLE	PD PELLICER, CHARLES E 122 MENENDEZ ROAD ST AUGUSTINE, FL 00000	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	SD EMMEL, DAVE 913 WHITE EAGLE CIRCLE ST AUGUSTINE, FL 00000	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	FD BRADDOCK, DONNA 425 GERONA ROAD ST. AUGUSTINE FL	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	VD MCDONALD, ED 40 ORANGE STREET ST. AUGUSTINE FL	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	900001760408
STREET ADDRESS		53 STREET ADDRESS	-03/28/96--01018--006
CITY-ST-ZIP		54 CITY-ST-ZIP	***61.25
TITLE	D TINSLEY, HOLLIS 901 REDBUD TR ST. AUGUSTINE FL	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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: *Patricia McMahon* / 3-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)