

FILE NOW: FILING FEE IS \$61.25

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**Jan 23 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763180 (7)

1. Corporation Name
ST. AUGUSTINE LITTLE LEAGUE, INC.



Principal Place of Business P.O. BOX 305 ST. AUGUSTINE FL 32085	Mailing Address P.O. BOX 305 ST. AUGUSTINE FL 32085-0305
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3. Date Incorporated or Qualified 05/07/1982	3a. Date of Last Report 03/27/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 52-1287648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
85 Zip Code

FL

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMAHON, PATRICIA	
STREET ADDRESS	1066 DORADO DRIVE	
CITY - ST - ZIP	ST AUGUSTINE FL 32086	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELLICER, CHARLES E	
STREET ADDRESS	122 MENENDEZ ROAD	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EMMEL, DAVE	
STREET ADDRESS	913 WHITE EAGLE CIRCLE	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCDONALD, ED	
STREET ADDRESS	40 ORANGE STREET	
CITY - ST - ZIP	ST AUGUSTINE 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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tim Forson	
3.3 STREET ADDRESS	1343 Prince Rd	
3.4 CITY - ST - ZIP	St. Augustine, FL 32084	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Patricia A McMahon 1-9-97 904 824 6126

Date Daytime Phone # 0001374

CR2E037 (9/96)