

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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

| | | |
|--|------------------------------------|---|
| 3. Date Incorporated or Qualified 05/07/1982 | 4. FEI Number 52-1287648 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
|--|------------------------------------|---|

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

| | |
|--|---|
| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 NAME STREET ADDRESS CITY - ST - ZIP | DT MCMAHON, PATRICIA 1066 DORADO DRIVE ST AUGUSTINE FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PELLICER, CHARLES E 122 MENENDEZ ROAD ST AUGUSTINE FL | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP TIM FORSON 1343 PRINCE RD. ST AUGUSTINE FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MCDONALD, ED 40 ORANGE STREET ST AUGUSTINE FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|---|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | D S FUTCH, DAVID 1555 AIA SOUTH ST. AUGUSTINE, FL 32084 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | D T RUDY, EUNICE 290 SUNRISE BLVD ST. AUGUSTINE, FL 32086 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | D V CLUKEY, MICAH 2 PACIFIC STREET ST. AUGUSTINE, FL 32084 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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.

SIGNATURE: Patricia A McMahon **PATRICIA MCMAHON** 2-5-98 (904) 794-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001474

CR2E037 (10/97)