


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90050 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 763180</b> 1. Corporation Name <b>ST. AUGUSTINE LITTLE LEAGUE, INC.</b>		
Principal Place of Business P.O. BOX 305 ST. AUGUSTINE FL 32085	Mailing Address P.O. BOX 305 ST. AUGUSTINE FL 32085	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/07/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-1287648
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PELLICER, CHARLES E 28 CORDOVA ST. ST AUGUSTINE FL 32084		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMAHON, PATRICIA	1.2 NAME	WALTER, BILL
STREET ADDRESS	1066 DORADO DRIVE	1.3 STREET ADDRESS	881 WHITE EAGLE CIRCLE
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	FUTCH, DAVID	2.2 NAME	
STREET ADDRESS	1555 A1A SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM FORSON	3.2 NAME	FORSON, TIM
STREET ADDRESS	1343 PRINCE RD.	3.3 STREET ADDRESS	4224 BRADFISCH LANE
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, ED	4.2 NAME	MCDONALD, ED
STREET ADDRESS	40 ORANGE STREET	4.3 STREET ADDRESS	1570 MASTERS DRIVE
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDDY, EUNICE	5.2 NAME	DANS, MICHAEL A.
STREET ADDRESS	290 SUNRISE BLVD	5.3 STREET ADDRESS	23 MENENDEZ
CITY-ST-ZIP	ST AUGUSTINE FL 32086	5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CLUKEY, MICAH	6.2 NAME	
STREET ADDRESS	2 PACIFIC ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	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: SIGNATURE REQUIRED M. DONALD 1-6-99  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)