FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:33

DOCUMENT # N23480 (9)

1. Corporation Name
LAKE LYTAL LASSIE LEAGUE, INC.

Principal Place of Business	Mailing Address
3645 GUN CLUB RD. ~~P O BOX 17362~~ WEST PALM BEACH FL 33416~~-7362~~	~~3645 GUN CLUB RD.~~ P O BOX 17362 WEST PALM BEACH FL 33416-7362

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1987	3a. Date of Last Report: 03/25/1994
4. FEI Number: 65-0125253	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
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 3645 GUN CLUB RD	26 P O BOX 17362
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WEST PALM BEACH FL	28 City & State: WEST PALM BEACH FL
24 Zip: 33416 / 25 Country	29 Zip: 33416-7362 / 30 Country

9. Name and Address of Current Registered Agent

MANSFIELD, RAY
400 SANTA CLARA TRAIL
WELLINGTON FL 33414

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	PEARSON, STEPHEN M.	1.2 NAME	CORBITT, RENE	
STREET ADDRESS	1402 SCOTTSDALE RD.	1.3 STREET ADDRESS	2479 FLORIDA STREET	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	SD	2.1 TITLE	S/D	☑ Change ☐ Addition
NAME	EHRMANTROUT, ELISA	2.2 NAME	SHEARER, CINDY	
STREET ADDRESS	1296 CLIMBING ROSE LANE	2.3 STREET ADDRESS	1216 DEEKEL ROAD	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	VD	3.1 TITLE	V/D	☑ Change ☐ Addition
NAME	CORBITT, RENE	3.2 NAME	TIPPETT, LUCKY	
STREET ADDRESS	2479 FLORIDA ST.	3.3 STREET ADDRESS	4940 LUNAL DRIVE	
CITY-ST-ZIP	WEST PALM BCH. FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	TD	4.1 TITLE	T/D	☑ Change ☐ Addition
NAME	ORTIZ, LAURIE	4.2 NAME	LARKIN, SALLY	
STREET ADDRESS	5821 CHURCHILL CT	4.3 STREET ADDRESS	8350 WATERWAY DRIVE	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Kelly Mansfield Treasurer 2/1/95 401-439-8755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048000