


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
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DOCUMENT # N28444 (0)
 1. Corporation Name
ST. LUCIE COUNTY YOUTH BASEBALL, INC.



Principal Place of Business % BUTCH TERPENING 4370 CHRISTENSEN ROAD FT. PIERCE FL 34982 US	Mailing Address % BUTCH TERPENING PO BOX 432 FT. PIERCE FL 34954 US
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3. Date Incorporated or Qualified 09/21/1988	3a. Date of Last Report 02/22/1995
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2. Principal Place of Business 21 2410 Shamrock Road Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 432 Suite, Apt. #, etc.
22 City & State 23 Fort Pierce, FL	27 City & State 28 Fort Pierce, FL
24 Zip 34982	25 Country St. Lucie
29 Zip 34954	30 Country St. Lucie

4. FEI Number 65-0081390	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TERPENING, BUTCH
4370 CHRISTENSEN ROAD
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent
 81 Name **David Hopkins**
 82 Street Address (P.O. Box Number is Not Acceptable)
2410 Shamrock Road
 83
 84 City **Fort Pierce** **FL** 85 Zip Code **34982**

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 *David Hopkins*
 Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEATHERINGTON, DONNA 5721 BRIARGATE LN FT. PIERCE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TERPENING, BUTCH 4370 CHRISTENSEN ROAD FT. PIERCE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BROWN, ROGER 6800 CARLTON RD. FT. PIERCE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GUETTLER, DELANE 4871 JORGENSON RD FT. PIERCE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD Hopkins, David 2410 Shamrock Road Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD Koenig, Brad 703 Anita Street Fort Pierce FL 34981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD Brown, Roger 6800 Carlton Road Fort Pierce, FL 34988	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
000001779580 -04/15/96--01023--023 ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2/4/14

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: *David Hopkins* **3/7/96** **461-8224**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)