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May 13 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 # N41405 (4)

1. Corporation Name
EAST CLEARWATER-SAFETY HARBOR LITTLE LEAGUE, INC



Principal Place of Business P.O. BOX 113 SAFETY HARBOR FL 34695	Mailing Address P.O. BOX 113 SAFETY HARBOR FL 34695-0113
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3. Date Incorporated or Qualified 12/20/1990	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-3048243	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

**SEXTON, WILLIAM F
1164 BAYSHORE BLVD
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name Dan Donovan
82 Street Address (P.O. Box Number is Not Acceptable) 28 Turnstone Dr.
83
84 City Safety Harbor
85 Zip Code FL 34695

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: *[Signature]* DATE: **4/28/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEXTON, WILLIAM F	
STREET ADDRESS	1164 BAYSHORE BLVD	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BOURLON, KEN	
STREET ADDRESS	3000 KEY HARBOR DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WELLER, LARRY	
STREET ADDRESS	111 HARBOR WOOD CIR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HANNER, LORI	
STREET ADDRESS	3573 FAIRVIEW STREET	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donovan, Dan	
1.3 STREET ADDRESS	28 Turnstone Dr.	
1.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hanner, Ed	
2.3 STREET ADDRESS	3573 Fairview St.	
2.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Riggs, Charles D., III	
3.3 STREET ADDRESS	1804 Pine Hill Dr.	
3.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cowart, Linda	
4.3 STREET ADDRESS	3128 Blue Heron	
4.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Guilano, Mike	
5.3 STREET ADDRESS	14 Clearview Dr.	
5.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Sexton, William F.	
6.3 STREET ADDRESS	1164 Bayshore Blvd.	
6.4 CITY-ST-ZIP	Clearwater, FL 34619	

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: *[Signature]* DATE: **4/28/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0069180

CR2E037 (9/96)