AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

APPROVED AND FILED
98 DEC 31 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000003857 (0)

1. Corporation Name

DUNEDIN AMERICAN LITTLE LEAGUE, INC.

REINSTATEMENT 08

Principal Place of Business	Mailing Address
373 DOUGLAS AVE DUNEDIN FL 34698	P. O. BOX 481 DUNEDIN FL 34697 US

Date Incorporated or Qualified: 08/20/1993

4. FEI Number: 59-2783616 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERRARO, ROBERT F. 701 WESTFIELD COURT DUNEDIN FL 34698	81 Name: CASTAGNETTA, DAVID J. 82 Street Address (P.O. Box Number is Not Acceptable) 83: 2128 KARAN WAY 84 City: CLEARWATER FL 85 Zip Code: 33763

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] DAVID J. CASTAGNETTA JR./TREASURER 11/30/98
Signature, typed 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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GAJAN, ROSEMARY		1.2 NAME	TRUDELL, TERRY	
STREET ADDRESS	1039 SEDEEVA STREET		1.3 STREET ADDRESS	161 NEW YORK AVE.	
CITY-ST-ZIP	CLEARWATER FL 34615		1.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GARRIS, SUSAN		2.2 NAME	CATHERINE PUGH	
STREET ADDRESS	887 EMERSON DRIVE		2.3 STREET ADDRESS	656 RICHMOND ST.	
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	SD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	DIANA MONNIER		3.2 NAME	CASTAGNETTA, DAVID J	
STREET ADDRESS	1974 ELLIOTT DR.		3.3 STREET ADDRESS	2128 KARAN WAY	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FERRARO, ROBERT F.		4.2 NAME	400002735524--3	
STREET ADDRESS	701 WESTFIELD COURT		4.3 STREET ADDRESS	-01/08/99--01114--015	
CITY-ST-ZIP	DUNEDIN FL 34698		4.4 CITY-ST-ZIP	****236.25 ****236.25	
TITLE	VD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POOLE, MELISSA		5.2 NAME		
STREET ADDRESS	1070 PRESTWICK PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHELLIE GREGORY		6.2 NAME		
STREET ADDRESS	969 GREENWAY AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: [signature] JENNIFER DOLLIRED 11/30/98 722-736-2353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #