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Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000004976 (6)

Corporation Name
NORTH SPRINGS LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address
4691 NORTH UNIVERSITY DRIVE 4691 NORTH UNIVERSITY DRIVE
STE. 414 STE. 414
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067-4620

3. Date Incorporated or Qualified 10/05/1994 3a. Date of Last Report 10/10/1996
4. FEI Number 65-0525955 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
LYON, JAMES B
1581 UNIVERSITY DRIVE STE. 206
CORAL SPRINGS FL 33071

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

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	KEMPINGER, FRANK	1.2 NAME	
CITY-ST-ZIP	8722 N.W. 47TH DRIVE CORAL SPRINGS FL 33067	1.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
STREET ADDRESS	LECLAIR, MARY ELLEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	4899 NW 59TH WAY CORAL SPRINGS FL 33067	2.2 NAME	
TITLE	D <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS	DEFAU, BRYON	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	8740 N.W. 40TH ST., APT #508 CORAL SPRINGS FL 33065	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	HART, CHRIS	3.3 STREET ADDRESS	
CITY-ST-ZIP	5501 N.W. 86TH WAY CORAL SPRINGS FL 33067	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MAGUIRE, MICK	4.2 NAME	
CITY-ST-ZIP	4911 N.W. 96TH DRIVE CORAL SPRINGS FL 33067	4.3 STREET ADDRESS	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
STREET ADDRESS	MAIER, DENNIS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	7777 N.W. 55TH PLACE CORAL SPRINGS FL 33067	5.2 NAME	SUZANNE WALKER
TITLE	D <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	5660 WOOD LEINOR DC
STREET ADDRESS		5.4 CITY-ST-ZIP	CORAL SPRINGS FL 33067
CITY-ST-ZIP		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 _____ DATE _____

CR2E037 (9/96)