

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

DOCUMENT # 702272 (6)

1. Corporation Name
NORTH LAKE LAND LITTLE LEAGUE, INC.



Principal Place of Business: 7044 GREEN RD, LAKE LAND FL 33809 US
Mailing Address: 7044 GREEN RD, LAKE LAND FL 33809 US

3. Date Incorporated or Qualified: 04/13/1961
3a. Date of Last Report: 04/17/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For							
					59-3178211	Not Applicable							
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	\$8.75 Additional Fee Required							
					<input type="checkbox"/>								
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees							
					<input type="checkbox"/>								
24	Zip	25	Country	29	Zip	30	Country	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

10. Name and Address of New Registered Agent

SCISM, SKIP
6334 DOE CIR
LAKE LAND FL 33809

81 Name: Debi W. West
82 Street Address (P.O. Box Number is Not Acceptable): 319 Louis Edward Court
83
84 City: Lakeland FL 85 Zip Code: 33809

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: *Debi W. West* DATE: 2/28/96

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCISM, SKIP 6334 DOE CIR LAKE LAND FL	<input type="checkbox"/> DELETE	1.1 TITLE: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, DEBBIE		1.2 NAME: Debi W. West
STREET ADDRESS	319 LOUIS EDWARD COURT		1.3 STREET ADDRESS: 319 Louis Edward Ct.
CITY-ST-ZIP	LAKE LAND FL		1.4 CITY-ST-ZIP: Lakeland, FL 33809
TITLE	SD WEST, DEBBIE	<input type="checkbox"/> DELETE	2.1 TITLE: Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHNER, JIM		2.2 NAME: Susan Masters
STREET ADDRESS	735 CEDAR KNOLL DR. N.		2.3 STREET ADDRESS: 7217 Hileman Drive
CITY-ST-ZIP	LAKE LAND FL 33809		2.4 CITY-ST-ZIP: Lakeland, FL 33809
TITLE	TD LEHNER, JIM	<input type="checkbox"/> DELETE	3.1 TITLE: Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, DON		3.2 NAME: Paul A. West
STREET ADDRESS	4843 ANGUS ROAD		3.3 STREET ADDRESS: 319 Louis Edward Ct.
CITY-ST-ZIP	POLK CITY FL		3.4 CITY-ST-ZIP: Lakeland, FL 33809
TITLE	VD RICE, DON	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME:
STREET ADDRESS			4.3 STREET ADDRESS:
CITY-ST-ZIP			4.4 CITY-ST-ZIP: 900001735579
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE: -03/07/96--01058--020 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME: ***61.25
STREET ADDRESS			5.3 STREET ADDRESS:
CITY-ST-ZIP			5.4 CITY-ST-ZIP:
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Debi W. West* DATE: 2/28/96 DAYTIME PHONE #: 941-853-7038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)