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Mar 03 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 # 702272 (6)

1. Corporation Name
NORTH LAKELAND LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address
7044 GREEN RD LAKELAND FL 33809 US
7044 GREEN RD LAKELAND FL 33810-2111 US

3. Date Incorporated or Qualified 04/13/1961
3a. Date of Last Report 03/06/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-3178211
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

9. Name and Address of Current Registered Agent

WEST, DEBI W
319 LOUIS EDWARD COURT
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name Brad Fox
82 Street Address (P.O. Box Number is not Acceptable) 5712 Lake Breeze Ave
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 *Jim Lehman* *Brad Fox* *BRAD FOX 2/1/97* *PRESIDENT*
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	WEST, DEBI W	
STREET ADDRESS	319 LOUIS EDWARD CT	
CITY-ST-ZIP	LAKELAND FL 33089	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASTERS, SUSAN	
STREET ADDRESS	7217 HILEMAN DR	
CITY-ST-ZIP	LAKELAND FL 33089	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEST, PAUL A	
STREET ADDRESS	319 LOUIS EDWARD CT	
CITY-ST-ZIP	LAKELAND FL 33089	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICE, DON	
STREET ADDRESS	4843 ANGUS ROAD	
CITY-ST-ZIP	POLK CITY FL	
TITLE	VD	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brad Fox	
1.3 STREET ADDRESS	5712 Lake Breeze Ave	
1.4 CITY-ST-ZIP	Lakeland FL 33809	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frank Howell	
2.3 STREET ADDRESS	1805 Baltic Place	
2.4 CITY-ST-ZIP	Lakeland FL 33809	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jim Lehman	
3.3 STREET ADDRESS	7421 OAK HAVEN DR	
3.4 CITY-ST-ZIP	Lakeland 33810	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Chester Trump	
4.3 STREET ADDRESS	4804 ACORN DRIVE, NORTH	
4.4 CITY-ST-ZIP	Lakeland FL 33809	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe Quigley	
5.3 STREET ADDRESS	6206 DOE CIRCLE EAST	
5.4 CITY-ST-ZIP	Lakeland FL 33809	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Jim Lehman* *BRAD FOX* *2/1/97* *941-687-1341*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053019

CR2E037 (9/96)