FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 702459

1. Corporation Name

(9)

LAKE WORTH YOUTH BASEBALL LEAGUES INC

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Principal Place of Business					Mailing Address						I I III III IDI	IRI da ina kaban araba a		INII ORNEE OIDII I	
900 NORTH 22ND AVE LAKE WORTH FL 33460					900 NORTH 22ND AVE LAKE WORTH FL 33460					!					
											3. Date Incorporated or Qualified				
2. Principal Place of Business				2a. 26	2a. Mailing Address						4. FEI Number Applied For 23-7134303 Not Applicable				
Suite, Apt. #, etc.			201	Suite, Apt. #, etc.						E Outificate of	(Chat is Desired	rs/		Additional	
22				27							5. Certificate of	Status Desireo		Fee F	Required
23	City & State	Xity & State			City & State						6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees				
	Zip		Country		Zip		Cour	itry				ition has liability fo			199.032,
24			nd Address of Cur	29	tared Ament		30				Florida Statu	ites Address of New	∏ Yes ∏ Registered		
		9. Name a	ing Address of Cui	aur vañis	telen våeit		81	Name						-	
	GANNER	GENE -					-	92	Stroot /	<u>LL</u>	.LEN CO is,(P.O. Box Num	NN WC	able)		
515 20TH AVE NO					82 S				Street	5/3	2019	AVE. A	10.		
		ORTH FL 33	460					83							
								84			KE WOI		F	L 3:	3460
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 register 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.														egistered office	
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												bgonki ram			
s	SIGNATURE Tilled Connets EUEN										PRESID	ENT	4/9	24/96	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regis								Agent	signature re	equired w		CHANGES TO C	DEFICERS AT	JD DIRECTO	BS IN 12
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	AME .	ILEANA I	MILIAN				5.2 NA								
	REET ADDRESS		BBIE COURT				5.3 ST	REET	ADDRESS						
	TY-ST-ZIP		ALM BEACH FL				5.4 CI			<u> </u>					
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1.	4. I do hereb	y certify that	the information supplion indicated on this	ied with this annual repo	s filing is volun	itarily furnisi ental annua	hed and al report i	does s tru	s not qua e and ac	alify for courate	the exemption stands and that my sign	tated in Section 1 nature shall have	19.07(3)(k), the same leg	Fiorida Statut jal effect as f	ies. I turtner I made under

4. 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:

LLEN CONNER ELLEN CONNER MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (40)

(401) 586-61 Daytime Phone #