

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 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 # 707370 (3)
1. Corporation Name

NORTH MERRITT ISLAND LITTLE LEAGUE, INC.

Principal Place of Business

305 N COURTENAY PKWY
P.O. BOX 540394
MERRITT ISLAND FL 32953
US

Mailing Address

P.O. BOX 394
P.O. BOX 540394
MERRITT ISLAND FL 32953
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1964	3a. Date of Last Report 09/17/1996
4. FEI Number 59-3420859 APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PAPCZYNSKI, TERRY
100 E CRISAFULLI RD
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name CASEY LARSON
82 Street Address (P.O. Box Number is Not Acceptable) 45 DIANA BLVD
83
84 City Merritt Island FL 85 Zip Code 32953

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 CASEY S. Larson Casey S. Larson 9/13/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAYNE, MARTIN	
STREET ADDRESS	413 4TH ST	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERRANDO, VINCE	
STREET ADDRESS	840 KOLOA DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PULS, CANDY	
STREET ADDRESS	210 MAUREEN AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JONES, LORA	
STREET ADDRESS	445 MOHAWK TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, KIM	
STREET ADDRESS	340 MARSEILLE DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Larson, Casey
4.3 STREET ADDRESS	45 Diana Blvd.
4.4 CITY-ST-ZIP	M.I., FL. 32953
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 617.0503(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 in charged, for on an attached sheet with an address.

SIGNATURE CASEY S. Larson Casey S. Larson 9/13/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

CR2E037 (4/97)