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FILED
Jun 18 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 # 708631 (7)
1. Corporation Name
INDIAN RIVER COUNTY LITTLE LEAGUE, INC.



Principal Place of Business: 3995 18TH STREET, P.O. BOX 2519, VERO BEACH FL. 32961-9519
Mailing Address: 3995 18TH STREET, P.O. BOX 2519, VERO BEACH FL. 32961-2519 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 03/12/1965
3a. Date of Last Report: 08/07/1996
4. FEI Number: 59-0950327 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
EARLYWINE, SUSAN T.
1500 14TH STREET, STE. B
VERO BEACH FL 32960

10. Name and Address of New Registered Agent
81 Name: LEWIS, LEROY
82 Street Address (P.O. Box Number is Not Acceptable): 665 32ND COURT S.W.
83
84 City: VERO BEACH FL 85 Zip Code: 32968

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: [Signature] DATE: 4/12/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | WELLMAKER, PHILLIP | |
| STREET ADDRESS | 6235 SEVENTH LANE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ODOM, MARK | |
| STREET ADDRESS | 4395 2ND CIRCLE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LUTHER, SUSAN | |
| STREET ADDRESS | 685 27TH DRIVE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | EARLYWINE, SUSAN | |
| STREET ADDRESS | 4385 2ND CIRCLE | |
| CITY-ST-ZIP | VERO BEACH FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | LEWIS, LEROY | |
| STREET ADDRESS | 665 32ND COURT, S.W. | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | BELKY DIAZ | |
| 1.3 STREET ADDRESS | 7481 N. 16TH MANOR | |
| 1.4 CITY-ST-ZIP | VERO BEACH, FL. 32960 | |
| 2.1 TITLE | S D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JOANNE MOYER | |
| 2.3 STREET ADDRESS | 1576 33RD AVE. | |
| 2.4 CITY-ST-ZIP | VERO BEACH, FL. 32960 | |
| 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 | T D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | GARY M. RUST | |
| 4.3 STREET ADDRESS | 405 33RD AVE. S.W. | |
| 4.4 CITY-ST-ZIP | VERO BEACH, FL 32968 | |
| 5.1 TITLE | P D | <input checked="" 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 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: [Signature] DATE: 4/12/97

CR2E037 (9/96)