


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90091 018 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712565**

1. Corporation Name

**HARDEE COUNTY LITTLE LEAGUE, INC.**

Principal Place of Business

514 BOYD COWART ROAD  
 WAUCHULA FL 33873

Mailing Address

PO BOX 2035  
 WAUCHULA FL 33873



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 501 West Main St	26 P.O. Box 1003	04/10/1967
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2653623
City & State	City & State	Applied For
23 Wauchula, FL	28 Wauchula, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24 33873	29 33873	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CRAWFORD, VINCENT M  
 342 ALTMAN ROAD  
 WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name	John W. H. Burton
82 Street Address (P.O. Box Number is Not Acceptable)	501 West Main St
83	
84 City	Wauchula
85 Zip Code	FL 33873

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 John W. H. Burton DATE 3/10/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEINE, GEORGE	1.2 NAME	Crawford, Vincent M.
STREET ADDRESS	801 SOUTH 10TH AVE	1.3 STREET ADDRESS	342 Altman Rd
CITY-ST-ZIP	WAUCHULA FL 33873	1.4 CITY-ST-ZIP	Wauchula, FL 33873
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTON, STEVE	2.2 NAME	
STREET ADDRESS	704 OAK FOREST LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JACKI	3.2 NAME	
STREET ADDRESS	4520 FAIR AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL 33834	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLIN, MILLIE	4.2 NAME	
STREET ADDRESS	525 DANSBY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBERT, CINDY	5.2 NAME	Bolin, Todd
STREET ADDRESS	514 BOYD COWART ROAD	5.3 STREET ADDRESS	525 Dansby Rd
CITY-ST-ZIP	WAUCHULA FL 33873	5.4 CITY-ST-ZIP	Wauchula, FL 33873
TITLE	PAD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	PA/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, VINCINT M	6.2 NAME	Farr, Keith
STREET ADDRESS	342 ALTMAN ROAD	6.3 STREET ADDRESS	1262 Aspen Ln
CITY-ST-ZIP	WAUCHULA FL 33873	6.4 CITY-ST-ZIP	Wauchula, FL 33873

14. I 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, with all other like empowered.

SIGNATURE: Jacki Johnson SECRETARY 773-6365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

712565

216932-90091-18

ADDITIONAL OFFICERS/DIRECTORS

7.1 Title	PA/D
7.2 Name	Basey, Steve
7.3 Street Address	4207 West Main Street
7.4 City-ST-Zip	Wauchula, FL 33873
8.1 Title	D
8.2 Name	Crawford, Van
8.3 Street Address	338 Circle Drive
8.4 City-ST-Zip	Wauchula, FL 33873
9.1 Title	D
9.2 Name	Graham, Binky
9.3 Street Address	515 Kelly Roberts Road
9.4 City-ST-Zip	Wauchula, FL 33873
10.1 Title	D
10.2 Name	Brutus, Roger
10.3 Street Address	714 Oak Forest Lane
10.4 City-ST-Zip	Wauchula, FL 33873
11.1 Title	D
11.2 Name	Cherry, Barney
11.3 Street Address	451 River Lane
11.4 City-ST-Zip	Wauchula, FL 33873
12.1 Title	D
12.2 Name	Conerly, David
12.3 Street Address	130 Vandolah Road
12.4 City-ST-Zip	Wauchula, FL 33873
13.1 Title	D
13.2 Name	Crawford, Vreen
13.3 Street Address	338 Circle Drive
13.4 City-ST-Zip	Wauchula, FL 33873
14.1 Title	D
14.2 Name	Idsardi, Chris
14.3 Street Address	140 Paldao Acres
14.4 City-ST-Zip	Wauchula, FL 33873
15.1 Title	D
15.2 Name	Schock, Greg
15.3 Street Address	300 North Florida Avenue
15.4 City-ST-Zip	Wauchula, FL 33873