Amended Annual Report SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION 96 NOV 14 AM 9: 42 Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # CLEARWATER NATIONAL LITTLE LEAGUE, INC. 900002009229---2 Principal Place of Business Mailing Address -11/20/96---01017---006 714 N. Saturn P.O. Box 5722 *****61.25 *****61.25 Sid Lickton Complex Clearwater, Fl. 34618 Clearwater, Florida 34615 3. Date Incorporated or Qualified 3a. Date of Last Report 3/4/68 2. Principa! Place of Business 2a. Mailing Address <u>5/17/96</u> 4. FEI Numbe 21 Applied For 59-2917908 26 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 27 5. Certificate of Status Desired City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zio Country Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Yes X No 10. Name and Address of New Registered Agent Deborah H. Halstead 81 Name Patricia Paulk
Street Address (P.O. Box Number is Not Acceptable) 1896 Emory Drive Clearwater, Florida 34625 2213 Arlington Place 83 84 City 85 Zip Code 34625 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 agent. I and lapting with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and tile if applicable (NOTE: Registered Agent signature required when reinslating)

DATE Clearwater OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD **K** DELETE 1.1 TITLE X Change NAME Deborah H. Halstead Addition 1.2 NAME Patricia Paulk STREET ADORESS 1896 Emory Drive 1.3 STREET ADDRESS 2213 Arlington Place CITY-ST-ZIP Clearwater, Fl. 34625 1.4 CITY-ST-ZIP Clearwater, F1. 34625 TITLE VPD K DELETE 2.1 TITLE VPD Change NAME Addition Joe Park 2.2 NAME Barbara Grant 2009 Harding Street STREET ADDRESS 2344 Wetherington Road Clearwater, FI. 34625 2.3 STREET ADDRESS CITY-SI-ZIP Clearwater, F1. 34625 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE aqv NAME XI Change Addition 3 2 NAME Hal Morris STREET ADDRESS 3.3 STREET ADDRESS 2324 Harn Blvd. CITY-ST-ZIP 3.4. CITY-ST-ZIP <u>Clearwater, Fl.</u> TITLE 34624 **K** DELETE 4.1 TITLE Change NAME Addition Sally Roach 4. 2 NAME Laurie Morris STREET ADDRESS 2433 Glenann Drive 4.3 STREET ADDRESS 2324 Harn Blvd. Clearwater, Fl. 34624 CITY-ST-ZIP 4.4 CITY-ST-ZIP Clearwater, Fl. 34624 TITLE DELETE 51 Title VPD X Change NAME Addition John Krentzman 5.2 NAME Ken Brown STREET ADDRESS 410 Glenwood Avenue 53 STREET ADDRESS 1730 Ridgeway Drive CITY-ST-ZIP Clearwater, Fl. 34615 5.4 CITY-ST-ZIP Clearwater, Fl. 34615 TITLE DELETE 6.1 TITLE __ Change NAME Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADORES\$ CITY-ST-ZIP 14. 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(9/K) 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 strated 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 61:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date 6.4 CITY - ST-ZIP lutes; and