

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 17 1998 8:00am⁸
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714850** (5)
 1. Corporation Name
COCOA LITTLE LEAGUE, INC.



Principal Place of Business P.O. BOX 1567 COCOA FL 32923-1567	Mailing Address P.O. BOX 1567 COCOA FL 32923-1567
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3. Date Incorporated or Qualified 06/28/1968		
4. FEI Number 59-2040839	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WOHN, ROBERT A., JR.
960 N. COCOA BLVD.
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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: *Robert A. Wahn* (NOTE: Registered Agent signature required when reinstating) DATE: **9/4/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOG, JOHN M.	1.2 NAME	Guilford, Donald
STREET ADDRESS	3830 DAKOTA AVENUE	1.3 STREET ADDRESS	1846 Longleaf Road
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	Cocoa, Florida 32926
TITLE	VD	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JAMES	2.2 NAME	Trues, Sherry
STREET ADDRESS	1616 COCOA BAY BLVD	2.3 STREET ADDRESS	3023 Coventry Court
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	Cocoa, Florida 32926
TITLE	TD	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODG, JEANNIE M.	3.2 NAME	Ruff, Shelley
STREET ADDRESS	3830 DAKOTA AVE.	3.3 STREET ADDRESS	3471 Craggy Bluff Place
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	Cocoa, Florida 32926
TITLE	SD	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOREY, DEBRA	4.2 NAME	Sorey, Debra
STREET ADDRESS	2055 DEVONSHIRE AVE.	4.3 STREET ADDRESS	2055 Devonshire Ave.
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	Cocoa, Florida
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Debra A. Sorey* DATE: **9/4/98** DAYTIME PHONE #: **636-2565**

CRZE037 (5/98)