


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90040 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715441

1. Corporation Name

OVIEDO LITTLE LEAGUE, INC.

Principal Place of Business

112 KING ST.
P.O. BOX 935
OVIEDO FL 32765

Mailing Address

P.O. BOX 620935
OVIEDO FL 32762



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/21/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1278623	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MOTT, LORI
225 W. SR 46
GENEVA FL 32732

10. Name and Address of New Registered Agent

81	Name	Robert Farina
82	Street Address (P.O. Box Number is Not Acceptable)	398 Lake Mills Ave.
83	City	Chuluota, Fl. 32766
84	State	FL
85	Zip Code	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, LORI	1.2 NAME	Chuck Reilly
STREET ADDRESS	225 W. SR. 46	1.3 STREET ADDRESS	906 Kingsbridge Dr.
CITY-ST-ZIP	GENEVA FL 32732	1.4 CITY-ST-ZIP	Oviedo, Fl. 32765
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	Robert Farina--TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, LORI	2.2 NAME	398 Lake Mills Ave.
STREET ADDRESS	225 W. SR. 46	2.3 STREET ADDRESS	Chuluota, Fl. 32766
CITY-ST-ZIP	GENEVA FL 32732	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENO, PAT	3.2 NAME	Vicki Adaes
STREET ADDRESS	350 TERRACE DRIVE	3.3 STREET ADDRESS	483 Yorkshire Dr.
CITY-ST-ZIP	OVIEDO FL 32765	3.4 CITY-ST-ZIP	Oviedo, Fl. 32765
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALATI, P	4.2 NAME	John Atkins
STREET ADDRESS	308 PIONEER WAY	4.3 STREET ADDRESS	2521 Kildare Dr.
CITY-ST-ZIP	GENEVA FL 32732	4.4 CITY-ST-ZIP	Chuluota, Fl. 32766
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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: Robert Farina **SIGNATURE REQUIRED**

1/11/99

407-380-8520

Date

Daytime Phone #

CR2E037 (11/98)