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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718140 (7)

1. Corporation Name

INVERNESS LITTLE LEAGUE, INC.

Principal Place of Business

PO BOX 2351
INVERNESS FL 34451-2351
US

Mailing Address

PO BOX 2351
INVERNESS FL 34451-2351
US

3. Date Incorporated or Qualified

04/03/1970

3a. Date of Last Report

02/29/1996

4. FEI Number

59-2472922

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONKEL, JEFFREY C.
3621 S DIAMOND AVE
INVERNESS FL 34452

81 Name

Mark R. Rogers

82 Street Address (P.O. Box Number is Not Acceptable)

831 Sweet Pine Pt.

83

84 City

Inverness

FL

85 Zip Code

34452

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

Mark R. Rogers

Mark R. Rogers

1-28-97

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
NAME CONKEL, JEFFREY C.
STREET ADDRESS 3621 S DIAMOND AVE
CITY - ST - ZIP INVERNESS FL
☒ DELETE1.1 TITLE PD
1.2 NAME Rogers, Mark R
1.3 STREET ADDRESS 831 N Sweetpine Pt
1.4 CITY - ST - ZIP Inverness FL 34452
☒ Change ☐ AdditionTITLE TD
NAME BENNETT, BART
STREET ADDRESS 3614 E AQUARIUS CT
CITY - ST - ZIP INVERNESS FL
☐ DELETE2.1 TITLE TD
2.2 NAME Bennett, Bart
2.3 STREET ADDRESS ~~3614 E Aquarius Dr.~~ 864 E Aquarius Dr.
2.4 CITY - ST - ZIP Inverness FL 34450
☒ Change ☐ AdditionTITLE SD
NAME MCLELLAN, WANDA
STREET ADDRESS 1536 S HILLOCK TERR
CITY - ST - ZIP INVERNESS FL
☒ DELETE3.1 TITLE SD
3.2 NAME Boykin, Peggy
3.3 STREET ADDRESS 584 E Knightsbridge Pl
3.4 CITY - ST - ZIP Lecanto, FL 34461
☒ Change ☐ AdditionTITLE VD
NAME SMITH, PATRICIA
STREET ADDRESS 6797 ANNA JO DR
CITY - ST - ZIP INVERNESS FL
☒ DELETE4.1 TITLE VD
4.2 NAME Hanlon, Larry
4.3 STREET ADDRESS 3815 S Susan Pt
4.4 CITY - ST - ZIP Inverness FL 34450
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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:

Mark R. Rogers

1-28-97

352-344-0323

CR2E037 (9/96)