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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725076 (4)

1. Corporation Name
SULPHUR SPRINGS LITTLE LEAGUE INC



Principal Place of Business 2313 EAST YUKON TAMPA FL 33604 US	Mailing Address P.O. BOX 82312 TAMPA FL 33682-2083 US
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3. Date Incorporated or Qualified 12/11/1972	3a. Date of Last Report 03/04/1996
4. FEI Number 59-2972902	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 82312
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. City & State
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**ZIMMER, KATHLEEN
1712 EAST 97TH AVENUE
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZIMMER, KATHLEEN	
STREET ADDRESS	1702 EAST 97TH AVENUE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, BERNICE	
STREET ADDRESS	1815 HUMPHREY	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESTEP, DEBORAH	
STREET ADDRESS	2325 LIBERTY	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ADAMS, MISTA	
STREET ADDRESS	10213 ALTMAN STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALDWIN, RUSSELL	
STREET ADDRESS	4201 S. SANDALWOOD CIRCLE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCINTOSH, ANNETTE	
STREET ADDRESS	10212 N. 28TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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 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: *Kathleen Zimmer* *4/1/97 1012 9231 001*

CF2E037 (9/96)