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FILED
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

DOCUMENT # 725076 (4)
1. Corporation Name
SULPHUR SPRINGS LITTLE LEAGUE INC

Principal Place of Business Mailing Address
2313 EAST YUKON TAMPA FL 33604 US
P.O. BOX 82312 TAMPA FL 33682-2083 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1972		3a. Date of Last Report 03/04/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2972902		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ZIMMER, KATHLEEN	1.2 NAME	
STREET ADDRESS	1702 EAST 97TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33612	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	RICHARDSON, BERNICE	2.2 NAME	
STREET ADDRESS	1815 HUMPHREY	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33604	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	ESTEP, DEBORAH	3.2 NAME	
STREET ADDRESS	2325 LIBERTY	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33612	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	ADAMS, MISTA	4.2 NAME	
STREET ADDRESS	10213 ALTMAN STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33612	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	BALDWIN, RUSSELL	5.2 NAME	
STREET ADDRESS	4201 S. SANDALWOOD CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33617	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	MCINTOSH, ANNETTE	6.2 NAME	
STREET ADDRESS	10212 N. 28TH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33612	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 801

CR2E037 (9/96)