

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734385 (8)
 1. Corporation Name
POLK CITY LITTLE LEAGUE, INC.



Principal Place of Business DUEY RD PO BOX 177 POLK CITY FL 33868	Mailing Address DUEY RD PO BOX 177 POLK CITY FL 33868
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3. Date Incorporated or Qualified 11/19/1975	3a. Date of Last Report 04/05/1995
4. FEI Number 59-1838759	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. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DAVIS CAROL
211 HAMOLIA AVE
POLK CITY FL 33868**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVIS, CAROL	
STREET ADDRESS	211 HAMOLIA AVE	
CITY-ST-ZIP	POLK CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, VIRGINIA	
STREET ADDRESS	4845 JULIANA RESERVE DRIVE	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JACK	
STREET ADDRESS	10005 QUINN RD	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, RON	
STREET ADDRESS	151 HONEY BEE LN	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KITCHENS, JOHN	
STREET ADDRESS	7610 ST RD 557	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KITCHENS, JUDY	
STREET ADDRESS	7610 ST RD 557	
CITY-ST-ZIP	POLK CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (14-17)

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
21. TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	HOLLEY, REBECCA S.	
23. STREET ADDRESS	1837 POYNER RD	
24. CITY-ST-ZIP	POLK CITY, FL 33868	
31. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	BEN DANSEY	
33. STREET ADDRESS	9157 GOLDEN GATE BLVD	
34. CITY-ST-ZIP	POLK CITY, FL 33868	
41. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	CAROSSERE, RON	
43. STREET ADDRESS	10231 STEVENS DR.	
44. CITY-ST-ZIP	POLK CITY, FL 33868	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	KITCHENS, JUDY	
63. STREET ADDRESS	7610 ST RD 557	
64. CITY-ST-ZIP	POLK CITY, FL 33868	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rebecca S. Holley **08-05-96** (941) 680-7532
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Rebecca S. Holley
 Date Daytime Phone #

CR2E037 (3/96)