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Feb 07 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 # 734385 (8)

1. Corporation Name
POLK CITY LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address
DUEY RD DUEY RD
PO BOX 177 PO BOX 177
POLK CITY FL 33868 POLK CITY FL 33868-0177

3. Date Incorporated or Qualified 11/19/1975
3a. Date of Last Report 08/12/1996

2. Principal Place of Business 2b. Mailing Address
21 DUEY RD 26 P.O. Box 177
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 P.O. Box 177 27
City & State City & State
23 Polk City, FL 33868 28 Polk City, FL
Zip Country Zip Country
24 33868 25 USA 29 33868 30 USA

4. FEI Number 59-1838759 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Larry C. Goodman
82 Street Address (P.O. Box Number is Not Acceptable) 203 S. Bougainvillea
83
84 City Polk City FL 85 Zip Code 33868

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 *Larry C. Goodman* *Larry C. Goodman* 1-15-97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" 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	HOLLEY, REBECCA S.	
STREET ADDRESS	1837 POYNER ROAD	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANSBY, BEN	
STREET ADDRESS	9137 GOLDEN GATE BLVD.	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAPOSSERE, RON	
STREET ADDRESS	10231 STEVENS DRIVE	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KITCHENS, JOHN	
STREET ADDRESS	7610 ST. RD 557	
CITY-ST-ZIP	POLK CITY FL	
TITLE	VP	<input checked="" 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 IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Larry C. Goodman	
1.3 STREET ADDRESS	203 S. Bougainvillea, P.O. Box 181	
1.4 CITY-ST-ZIP	Polk City, FL 33868	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kevin Schlipf	
2.3 STREET ADDRESS	18086 Commonwealth	
2.4 CITY-ST-ZIP	Polk City, FL 33868	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patricia J. Shults	
3.3 STREET ADDRESS	P.O. Box 312, 128 Sunshine Blvd.	
3.4 CITY-ST-ZIP	Polk City, FL 33868	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nancy Williams	
4.3 STREET ADDRESS	9479 EVANS Rd.	
4.4 CITY-ST-ZIP	Polk City FL 33868	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joanna Knowles	
5.3 STREET ADDRESS	P.O. Box 593, 424 Citrus Grove Blvd.	
5.4 CITY-ST-ZIP	Polk City, FL 33868	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mickey Bracey	
6.3 STREET ADDRESS	224 Lake Shore Dr.	
6.4 CITY-ST-ZIP	Polk City, FL 33868	

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: *Patricia Shults* *Patricia Shults* Jan. 16, 1997 984-2095
Signature and typed or printed name of signing officer or director.

CR2E037 (9/96)