


FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90083 031 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 734385 1. Corporation Name POLK CITY LITTLE LEAGUE, INC.		
Principal Place of Business	Mailing Address	
DUEY RD PO BOX 177 POLK CITY FL 33868 US	DUEY RD PO BOX 177 POLK CITY FL 33868	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/19/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1838759	
22 City & State		27 City & State		Applied For	
				Not Applicable	
23 Zip		28 Zip		6. Certificate of Status Desired	
				* \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/>	
25		29		\$5.00 May Be Added to Fees	
24		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHLIPF, KEVIN 4320 HAGAN RD POLK CITY FL 33868				81 Name DAVIS, Carol 82 Street Address (P.O. Box Number is Not Acceptable) 211 Hamolia Ave 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: Carol Davis Carol Davis DATE: 1/4/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	SCHLIPF, KEVIN	1.2 NAME	DAVIS, Carol
STREET ADDRESS	4320 HAGAN RD	1.3 STREET ADDRESS	211 Hamolia Ave
CITY-ST-ZIP	POLK CITY FL 33868	1.4 CITY-ST-ZIP	POLK City, FL 33868
TITLE	VP	2.1 TITLE	Bracey, James
NAME	JENNINGS, ALLEN	2.2 NAME	Bracey, James
STREET ADDRESS	5650 GREEN POND RD	2.3 STREET ADDRESS	224 Lakeshore Dr
CITY-ST-ZIP	POLK CITY FL 33868	2.4 CITY-ST-ZIP	POLK City, FL 33868
TITLE	S	3.1 TITLE	Sec.
NAME	LAWSON, TAMMY	3.2 NAME	Anton, Suzanne
STREET ADDRESS	10610 HARTZOG RD	3.3 STREET ADDRESS	104 St Rd 655
CITY-ST-ZIP	POLK CITY FL 33868	3.4 CITY-ST-ZIP	POLK City FL 33868
TITLE	T	4.1 TITLE	Williams, Nancy
NAME	LEACH, NANCY	4.2 NAME	Williams, Nancy
STREET ADDRESS	6750 W DEEN STILL	4.3 STREET ADDRESS	9489 Evans Rd
CITY-ST-ZIP	POLK CITY FL 33868	4.4 CITY-ST-ZIP	POLK City FL 33868
TITLE	D	5.1 TITLE	Kitchens, Judith
NAME	KNOWLES, JOANNA	5.2 NAME	Kitchens, Judith
STREET ADDRESS	424 CITRUS GROVE BLVD.	5.3 STREET ADDRESS	7610 St. Rd 557
CITY-ST-ZIP	POLK CITY FL 33868	5.4 CITY-ST-ZIP	POLK City FL 33868
TITLE	D	6.1 TITLE	Sullivan, Earl
NAME	HOLLINGSHEAD, BOB	6.2 NAME	Sullivan, Earl
STREET ADDRESS	10610 HARTZOG RD	6.3 STREET ADDRESS	17295 Poyner Rd
CITY-ST-ZIP	POLK CITY FL 33868	6.4 CITY-ST-ZIP	POLK City, FL 33868

14. I 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, with all other like empowered.

SIGNATURE: Carol Davis Carol Davis DATE: 1/4/99 DAYTIME PHONE # 905-6338

1998-1999 Board of
 Board Members
 These are all new Board Members