

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 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 # 734386 (6)
1. Corporation Name
GOLDENROD LITTLE LEAGUE, INC.



Principal Place of Business 2000 N. FORSYTH RD. ORLANDO FL 32807 US	Mailing Address P.O. BOX 1133 GOLDENROD FL 32733-1133 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1975		3a. Date of Last Report 04/30/1996	
21		26		4. FEI Number 59-1641731		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 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 WADE, BETTY E 4563 WHIMBREL PLACE P.O. BOX 1133 GOLDENROD FL 32733				10. Name and Address of New Registered Agent			
81 Name Charles T. Brown				82 Street Address (P.O. Box Number is Not Acceptable) 4302 N Landmark Dr			
83				84 City Orl FL 85 Zip Code 32817			

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 Charles T. Brown DATE 4/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILBUR, GEORGE		1.2 NAME	Charles T. Brown			
STREET ADDRESS	8535 BUTTERNUT BLVD.		1.3 STREET ADDRESS	4302 N Landmark Dr			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando FL 32817			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDEE, DOROTHY		2.2 NAME	Alan Thompson			
STREET ADDRESS	9237 FABLE STREET		2.3 STREET ADDRESS	2220 Bonanza Ave			
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Winter Park FL 32792			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADE, RUSS		3.2 NAME	Lillie Bloodgood			
STREET ADDRESS	4563 WHIMBREL PLACE		3.3 STREET ADDRESS	2448 Harbour Way			
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Winter Park FL 32792			
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADE, BETTY		4.2 NAME	Pamela Walsh			
STREET ADDRESS	4563 WHIMBREL PLACE		4.3 STREET ADDRESS	3329 Wetherwood Dr			
CITY-ST-ZIP	WINTER PARK, FL 32792		4.4 CITY-ST-ZIP	Winter Park FL 32792			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLACKWELL, CHERYL P		5.2 NAME				
STREET ADDRESS	3082 BLUEBROOK DRIVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADE, BETTY E		6.2 NAME				
STREET ADDRESS	4563 WHIMBREL PLACE		6.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		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 Charles T. Brown DATE 4/15/97

CR2E037 (9/96)