FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734486 (4)

1. Corporation Name

GLADES COUNTY LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
C/O TIERNEY PEARCE P O BOX 1115 MOORE HAVEN FL 33471 Delete	C/O TIERNEY PEARCE P O BOX 1115 MOORE HAVEN FL 33471 Delete

3. Date Incorporated or Qualified: 12/03/1975
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O Norman Hughes	26 C/O Norman Hughes
Suite, Apt. #, etc. 22 183 Park Ave E.	Suite, Apt. #, etc. 27 183 Park Ave E.
City & State 23 Moore Haven, Fl.	City & State 28 Moore Haven, Fl.
Zip 24 33471	Country 25 Glades
Zip 29 33471	Country 30 Glades

4. FEI Number: 59-2821895 ☐ 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	10. Name and Address of New Registered Agent
TIERNEY, PEARCE HWY. 27-SOUTH MOORE HAVEN FL 33471	81 Name: NORMAN L. HUGHES 82 Street Address (P.O. Box Number is Not Acceptable): 183 PARK AVENUE EAST 83 84 City: Moore Haven FL 85 Zip Code: 33471

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: Norman L Hughes Sec'y/Treas DATE: 4-3-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T PEARCE, TIERNEY P.O. BOX 1115 N/A MOORE HAVEN FL	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUGHES, NORMAN 183 PARK AVENUE EAST MOORE HAVEN FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S/T/D Hughes, Norman 183 Park Ave E, Moore Haven, Fl. 33471 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECK, EARL RT. 6 BOX 799 N/A OKEECHOBEE FL 34974	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P/D BECK, EARL Rt 6 Box 799 Okeechobee, Fl. 34974 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESSLEY, MICHAEL CITY LIMITS ROAD MOORE HAVEN FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	900001884859 -07/08/96--01001--006 ***61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, MILTON CYPRESS AVENUE PALM DALE FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VP/D LONG, M. HON Cypress Ave Palmdale, Fl. ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WOODWARD, JAMES HIGHWAY 27 AND THIRD ST MOORE HAVEN FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Woodward, James Hwy 27 South Moore Haven, Fl. 33471 ☑ Change ☐ Addition 5/1/12

CR2E037 (12/95)

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: N L Hughes NORMAN L. HUGHES 2/8/96 941 946 0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # Ex 13