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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 NORMAN HUGHES 183 PARK AVE. E. MOORE HAVEN FL 33471	C/O NORMAN HUGHES 183 PARK AVE. E MOORE HAVEN FL 33471-9636

3. Date Incorporated or Qualified: 12/03/1975
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 C/O NORMAN HUGHES
Suite, Apt. #, etc.
22 183 Park Ave E.
City & State
23 MOORE HAVEN, FL.
Zip 24 33471 Country 25 GLADES

2a. Mailing Address
26 183 PARK AVENUE E
Suite, Apt. #, etc.
27
City & State
28 MOORE HAVEN FL.
Zip 29 33471 Country 30 USA

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

HUGHS, NORMAN
183 PARK AVE.
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
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	STD	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	HUGHES, NORMAN		1.2 NAME		
STREET ADDRESS	183 PARK AVENUE EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN FL 33471		1.4 CITY-ST-ZIP		
TITLE	P/D	☒ DELETE	2.1 TITLE	ALBERT DION VP/D	☐ Change ☒ Addition
NAME	BECK, EARL		2.2 NAME		
STREET ADDRESS	RT. 6 BOX 799		2.3 STREET ADDRESS	BAKERS Highway & Okeh Lane	
CITY-ST-ZIP	OKEECHOBEE FL 34974		2.4 CITY-ST-ZIP	Moore Haven, FL 33471	
TITLE	D	☒ DELETE	3.1 TITLE	IDA STRENGTH D	☐ Change ☒ Addition
NAME	PRESSLEY, MICHAEL		3.2 NAME		
STREET ADDRESS	CITY LIMITS ROAD		3.3 STREET ADDRESS	9600 OAT TREE LANE	
CITY-ST-ZIP	MOORE HAVEN FL		3.4 CITY-ST-ZIP	MOORE HAVEN, FL. 33471	
TITLE	VP/D	☐ DELETE	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	LONG, MILTON		4.2 NAME		
STREET ADDRESS	CYPRESS AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM DALE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WOODWARD, JAMES		5.2 NAME	DONALD STRENGTH	
STREET ADDRESS	HIGHWAY 27 AND THIRD ST		5.3 STREET ADDRESS	9600 OAT TREE LANE	
CITY-ST-ZIP	MOORE HAVEN FL 33471		5.4 CITY-ST-ZIP	MOORE HAVEN, FL. 33471	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	DEANNA Whidden	
STREET ADDRESS			6.3 STREET ADDRESS	KILPATRICK DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MOORE HAVEN FL. 33471	

CR2E037 (9/96)

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: Norman E Hughes 1/31/97 941-946-0055 6/13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #