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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734486** (4)

1. Corporation Name

GLADES COUNTY LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

C/O NORMAN HUGHES
183 PARK AVENUE EAST
MOORE HAVEN FL 33471
US

183 PARK AVENUE EAST
MOORE HAVEN FL 33471
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/03/1975

4. FEI Number

59-282 1895

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

HUGHES, NORMAN
183 PARK AVE.
MOORE HAVEN FL 33471

81 Name

CARRIE KILPATRICK

82 Street Address (P.O. Box Number is Not Acceptable)

1880 KILPATRICK DRIVE N.W.

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

Carrie Kilpatrick

CARRIE KILPATRICK, TREASURER

1/19/98

(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	STD	☒ DELETE
NAME	HUGHES, NORMAN	
STREET ADDRESS	183 PARK AVENUE EAST	
CITY-ST-ZIP	MOORE HAVEN FL 33471	

TITLE	VPD	☐ DELETE
NAME	DION, ALBERT	
STREET ADDRESS	BAKER'S HIGHWAY & OLETA LANE	
CITY-ST-ZIP	MOORE HAVEN FL	

TITLE	D	☒ DELETE
NAME	STRENGTH, IDA	
STREET ADDRESS	9600 OAT TREE LANE	
CITY-ST-ZIP	MOORE HAVEN FL	

TITLE	PD	☐ DELETE
NAME	LONG, MILTON	
STREET ADDRESS	CYPRESS AVENUE	
CITY-ST-ZIP	PALM DALE FL	

TITLE	D	☒ DELETE
NAME	STRENGTH	
STREET ADDRESS	9600 OAT TREE LANE	
CITY-ST-ZIP	MOORE HAVEN FL	

TITLE	D	☐ DELETE
NAME	WHIDDEN, DEANNA	
STREET ADDRESS	KILPATRICK DRIVE	
CITY-ST-ZIP	MOORE HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	☐ Change ☒ Addition
1.2 NAME	CARRIE KILPATRICK	
1.3 STREET ADDRESS	1880 KILPATRICK DRIVE N.W.	
1.4 CITY-ST-ZIP	MOORE HAVEN, FL. 33471	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	DICKI PLATT	
3.3 STREET ADDRESS	7875 PALMOLLO AVE	
3.4 CITY-ST-ZIP	PAINDALE, FL. 33944	

4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	S	☒ Change ☐ Addition
6.2 NAME	DEANNA WHIDDEN	
6.3 STREET ADDRESS	KILPATRICK DRIVE	
6.4 CITY-ST-ZIP	MOORE HAVEN FL. 33471	

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.

SIGNATURE:

Carrie Kilpatrick

1-19-98

941-946-2420 EX 115

CR2E037 (10/97)