SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 16, 1999 8:00 am
Secretary of State
09-16-1999 90003 032 ****61.25

DOCUMENT # 734486

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 c/o Ida Strenth	12. Mailing Address	3. Date Incorporated or Qualifed
21 9600 Oak Tree Lane	26 9600 Oak Tree Lane	12/03/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2821895 ☐ Applied For ☐ Not Applicable
City & State 23 Moore Haven, FL	City & State 28 Moore Haven, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33471 25 US	Zip / Country 29 33471 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KILPATRICK, CARRIE
1880 KILPATRICK DR NW
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

81 Name Ida Strenth
82 Street Address (P.O. Box Number is Not Acceptable) 9600 Oak Tree Lane
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 Ida Strenth, Ida Strenth 9/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	KILPATRICK, CARRIE		1.2 NAME	Navarro, Carmelo	
STREET ADDRESS	1880 KILPATRICK DR NW		1.3 STREET ADDRESS	773D Coffee Rd.	
CITY-ST-ZIP	MOORE HAVEN FL 33471		1.4 CITY-ST-ZIP	Moore Haven, FL 33471	
TITLE	VPD	☑ DELETE	2.1 TITLE	VPD	☐ Change ☑ Addition
NAME	DION, ALBERT		2.2 NAME	Taylor, Norman	
STREET ADDRESS	BAKER'S HIGHWAY & OLETA LANE		2.3 STREET ADDRESS	Hwy. 27	
CITY-ST-ZIP	MOORE HAVEN FL		2.4 CITY-ST-ZIP	Moore Haven, FL 33471	
TITLE	D	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	PLATT, VICKI		3.2 NAME	Strenth, Ida	
STREET ADDRESS	7875 PALNETTO AVE		3.3 STREET ADDRESS	9600 Oak Tree Lane	
CITY-ST-ZIP	PALNDALE FL 33944		3.4 CITY-ST-ZIP	Moore Haven, FL 33471	
TITLE	PD	☑ DELETE	4.1 TITLE	TD	☐ Change ☑ Addition
NAME	LONG, MILTON		4.2 NAME	Simmons, Karen	
STREET ADDRESS	CYPRESS AVENUE		4.3 STREET ADDRESS	1015 Bakers Hwy.	
CITY-ST-ZIP	PALM DALE FL		4.4 CITY-ST-ZIP	Moore Haven, FL 33471	
TITLE	S	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHIDDEN, DEANNA		5.2 NAME		
STREET ADDRESS	KILPATRICK DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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: Ida Strenth Ida Strenth 9/1/99 941) 946-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #