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Jun 19 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 # 734560 (6)

1. Corporation Name
SKYWAY PARK LITTLE LEAGUE, INC.



Principal Place of Business POST OFFICE BOX 260398 TAMPA FL 33685	Mailing Address POST OFFICE BOX 260398 TAMPA FL 33685-0398
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/10/1975	3a. Date of Last Report 02/05/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 52-1225447	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RODRIGUEZ, ELAINE
7609 W POWHATAN
TAMPA FL 33615

10. Name and Address of New Registered Agent

81. Name **Robert Burr**

82. Street Address (P.O. Box Number is Not Acceptable)
3947 DORAL DRIVE

83. City **TAMPA** FL 85. Zip Code **33634**

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 *Robert Burr* (NOTE: Registered Agent signature required when relating) DATE **5-1-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	<input checked="" type="checkbox"/> DELETE RODRIGUEZ, ELAINE 7609 W POWHATAN TAMPA FL	1.1 TITLE VP - D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME DAWN HENDERSON 1.3 STREET ADDRESS 19135 US 19 NORTH APT D22 1.4 CITY-ST-ZIP CLEARWATER, FL 34624
TITLE VP	<input type="checkbox"/> DELETE BURR, ROBERT 3947 DORAL DRIVE TAMPA FL	2.1 TITLE TD - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 33634 2.3 STREET ADDRESS 33634 2.4 CITY-ST-ZIP
TITLE S	<input type="checkbox"/> DELETE MARTIN, LAURIE 4912 MURRAY HILL DRIVE TAMPA FL	3.1 TITLE S - D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME BERNADETTE CARITHERS 3.3 STREET ADDRESS 7006 CORBRWOOD CT 3.4 CITY-ST-ZIP TAMPA FL 33615
TITLE D	<input checked="" type="checkbox"/> DELETE HARTLEY, SHERRI 7608 CORTEZ COURT TAMPA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE TD	<input type="checkbox"/> DELETE BROWN, KATHY 8721 SOMERSWORTH PLACE TAMPA FL	5.1 TITLE PD - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 33634 5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE 300002218353 <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME -06/20/97--01053--025 6.3 STREET ADDRESS ***61.25 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 12 if changed, or on an attachment with an address.

SIGNATURE *Sherril Hartley* DATE **5-1-97** (82/020-8751)

CR2E037 (9/96)