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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 735201 (6) 1. Corporation Name WEST HERNANDO LITTLE LEAGUE, INC.			
Principal Place of Business P.O. BOX 5333 SPRING HILL FL 34606-0333		Mailing Address P.O. BOX 5333 SPRING HILL FL 34611-0333	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent SZABO, BARBARA 5086 KENMORE ST SPRING HILL FL 34608		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: Barbara Szabo BARBARA SZABO President 3-15-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PD NAME SZABO, BARBARA STREET ADDRESS 5086 KENMORE ST CITY-ST-ZIP SPRING HILL FL TITLE VD NAME BATISTA, JOHN DR STREET ADDRESS 10441 QUALITY DR CITY-ST-ZIP SPRING HILL FL TITLE D NAME SAVARESE, ANTHONY STREET ADDRESS 5397 PATRICIA PLACE CITY-ST-ZIP SPRING HILL FL TITLE TD NAME SMITH, CASH STREET ADDRESS 7127 TOLEDO ROAD CITY-ST-ZIP SPRING HILL FL TITLE D NAME BORNSTEIN, WARRENT STREET ADDRESS 14073 CANDIA ST CITY-ST-ZIP SPRING HILL FL TITLE D NAME HENRY, RANDY STREET ADDRESS 5271 BIRCHWOOD RD CITY-ST-ZIP SPRING HILL FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE VD 2.2 NAME Cathy Smith 2.3 STREET ADDRESS 4966 Keysville Ave 2.4 CITY-ST-ZIP Spring Hill FL 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4091 Diaz Ct. 3.4 CITY-ST-ZIP Spring Hill, FL. 4.1 TITLE D 4.2 NAME Cash Smith 4.3 STREET ADDRESS 4966 Keysville Ave 4.4 CITY-ST-ZIP Spring Hill FL 5.1 TITLE SD 5.2 NAME Robin Von Jeneff 5.3 STREET ADDRESS 230 Callaway Ave 5.4 CITY-ST-ZIP Spring Hill, FL. 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 13 if changed, or on an attachment with an address. SIGNATURE: Barbara Szabo BARBARA SZABO President 3-15-97 352-686-7641 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0066582			



CR2E037 (9/96)