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Feb 27 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 # 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 34606-0333
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2. Principal Place of Business 21 P.O. Box 5333 Suite, Apt. #, etc.	2a. Mailing Address 28 P.O. Box 5333 Suite, Apt. #, etc.
City & State 23 Spring Hill Zip 24 34611 Country	City & State 28 Spring Hill, FL Zip 29 34611 Country

9. Name and Address of Current Registered Agent

**SZABO, BARBARA
5086 KENMORE ST
SPRING HILL FL 34608**

3. Date Incorporated or Qualified
03/10/1976

4. FEI Number
59-2406712

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

81 Name FAYE CHASE
82 Street Address P.O. Box Number is Not Acceptable 5293 Roble Ave.
83
84 City Spring Hill FL 85 Zip Code 34608

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 Faye E. Chase DATE 2 19 98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SZABO, BARBARA	1.1 TITLE PDT	NAME FAYE CHASE
STREET ADDRESS 5086 KENMORE ST		1.2 NAME FAYE CHASE	
CITY-ST-ZIP SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 5293 Roble Ave	
TITLE VD	NAME SMITH, CATHY	1.4 CITY-ST-ZIP SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4986 KEYSVILLE AVE		2.1 TITLE VD	NAME ROBIN VONJENEF
CITY-ST-ZIP SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME ROBIN VONJENEF	
TITLE D	NAME SAVARESE, ANTHONY	2.3 STREET ADDRESS 230 CALLAWAY AVE.	
STREET ADDRESS 4091 DIAZ CT		2.4 CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	NAME REBECCA ADAIR
TITLE D	NAME SMITH, CASH	3.2 NAME REBECCA ADAIR	
STREET ADDRESS 4986 KEYSVILLE AVE		3.3 STREET ADDRESS 9111 MANCHESTER ST.	
CITY-ST-ZIP SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME VON JENEF, ROBIN	4.1 TITLE D	NAME NEIL NICKOLSON
STREET ADDRESS 230 CALLAWAY AVE		4.2 NAME NEIL NICKOLSON	
CITY-ST-ZIP SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS 1050 MARLOW AVE	
TITLE D	NAME HENRY, RANDY	4.4 CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5271 BIRCHWOOD RD		5.1 TITLE D	NAME NANCY KOKORIS
CITY-ST-ZIP SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	5.2 NAME NANCY KOKORIS	
		5.3 STREET ADDRESS 3109 HARROW RD.	
		5.4 CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE D	NAME ALFRED BARBUTO
		6.2 NAME ALFRED BARBUTO	
		6.3 STREET ADDRESS 5015 CYNTHIA LN.	
		6.4 CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Faye E. Chase DATE: 1/2 98 352-1686-4940

CR2E037 (10/97)