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Jan 23 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 # **756674** (8)

1. Corporation Name

ROLLING HILLS LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 680309
ORLANDO FL 32868-0309

P.O. BOX 680309
ORLANDO FL 32868-0309



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

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~NEER, MELODY~~
~~4002 WENDY DR~~
~~#298~~
~~ORLANDO FL 32808~~

DELETE

81 Name

MARIL FRITZ

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

5812 INDIAN HILL RD

83

84 City

ORLANDO

FL

85 Zip Code

32808

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

Mark W Fritz

(NOTE: Registered Agent signature required when reinstating)

1/8/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEER, MELODY	
STREET ADDRESS	4032 WENDY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	HAIR, MIKE	
STREET ADDRESS	4710 BEACON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAPERS, DEBBIE	
STREET ADDRESS	4413 SEBASTIAN WAY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEIDL, TOM	
STREET ADDRESS	1308 HAWTHORNE COVE	
CITY-ST-ZIP	OCOCHEE FL 34761	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AARON, Keith	
1.3 STREET ADDRESS	703 Suzette Dr.	
1.4 CITY-ST-ZIP	OCOCHEE FL 34761	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRITZ, MARK	
4.3 STREET ADDRESS	5812 INDIAN HILL RD	
4.4 CITY-ST-ZIP	ORLANDO FLA 32808	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

Mark W Fritz

1/8/98

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CR2E037 (10/97)