

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:54

DOCUMENT # 757493 (2)

1. Corporation Name
EUSTIS LITTLE LEAGUE, INC.

Principal Place of Business Mailing Address
GOLFLINKS AND KURT STREET P.O. BOX 1100 EUSTIS FL 32727-8100

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/10/1981** 3a. Date of Last Report **01/28/1994**
4. FEI Number **59-2114379** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**LEE, CHRIS
218 WOODLAND DR
EUSTIS FL 32726**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Chris Lee DATE 1/23/95
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LEE, CHRIS
STREET ADDRESS	318 WOODLAND DR
CITY-ST-ZIP	EUSTIS, FL 00000
TITLE	D
NAME	BABB, HOWARD H JR
STREET ADDRESS	19029 LAKE SWATARA DR
CITY-ST-ZIP	EUSTIS FL
TITLE	SD
NAME	MARTIN, JEAN
STREET ADDRESS	338 CENTRAL
CITY-ST-ZIP	UMATILLA FL
TITLE	D
NAME	COMPTON, BILL
STREET ADDRESS	35449 FOX RUN CIR
CITY-ST-ZIP	EUSTIS FL
TITLE	VP
NAME	HAMILTON, FISH
STREET ADDRESS	710 N BAY ST
CITY-ST-ZIP	EUSTIS FL
TITLE	PD
NAME	STOLTZ, GARY
STREET ADDRESS	3001 JOANNA DR.
CITY-ST-ZIP	EUSTIS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D PATTEN, Russell
2.3 STREET ADDRESS	38 419 LAKE JOANNA DR.
2.4 CITY-ST-ZIP	EUSTIS, FL 32726
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V.P. COMPTON, BILL
4.3 STREET ADDRESS	184 LAKE TERRANCE Dr
4.4 CITY-ST-ZIP	EUSTIS, FL 32726
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chris Lee DATE 1/23/95 (904) 357-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR