

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **04/10/1981** 3a. Date of Last Report **01/30/1995**

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

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**
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No

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

10. Name and Address of New Registered Agent
81 Name **Stoltz, Gary**
82 Street Address (P.O. Box Number is Not Acceptable) **3001 Joanna Dr**
83
84 City **Eustis** FL 85 Zip Code **32726**

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 *Alan Stoltz (Tree)* (NOTE: Registered Agent signature required when reinstating) DATE **1-18-96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, CHRIS | 1.2 NAME | Lee, Chris |
| STREET ADDRESS | 318 WOODLAND DR | 1.3 STREET ADDRESS | 318 Woodland Dr |
| CITY-ST-ZIP | EUSTIS, FL 00000 | 1.4 CITY-ST-ZIP | Eustis FL 32726 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PATTEN, RUSSEL | 2.2 NAME | Allen, Chuck |
| STREET ADDRESS | 33619 LAKE JOANNA DR. | 2.3 STREET ADDRESS | 19911 Bay Lake Rd |
| CITY-ST-ZIP | EUSTIS FL | 2.4 CITY-ST-ZIP | Eustis FL 32726 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTIN, JEAN | 3.2 NAME | Stavey, Mary Jo |
| STREET ADDRESS | 338 CENTRAL | 3.3 STREET ADDRESS | 502 Osceola Ave |
| CITY-ST-ZIP | UMATILLA FL | 3.4 CITY-ST-ZIP | Eustis FL 32726 |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COMPTON, BILL | 4.2 NAME | |
| STREET ADDRESS | 1841 LAKE TERRACE DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | EUSTIS FL | 4.4 CITY-ST-ZIP | |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMILTON, FISH | 5.2 NAME | |
| STREET ADDRESS | 710 N BAY ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | EUSTIS FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STOLTZ, GARY | 6.2 NAME | Stoltz, Gary |
| STREET ADDRESS | 3001 JOANNA DR. | 6.3 STREET ADDRESS | 3001 Joanna Dr |
| CITY-ST-ZIP | EUSTIS FL | 6.4 CITY-ST-ZIP | Eustis FL 32726 |

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan Stoltz* 1-18-96 352/357-7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)