


**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90113 014 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 757493**

1. Corporation Name

**EUSTIS LITTLE LEAGUE, INC.**

Principal Place of Business

GOLFLINKS AND KURT STREET  
 P.O. BOX 1100  
 EUSTIS FL 32727-8100

Mailing Address

GOLFLINKS AND KURT STREET  
 P.O. BOX 1100  
 EUSTIS FL 32727-8100



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/10/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2114379	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STOLTZ, GARY 3001 JOANNA DR. EUSTIS FL 32726				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	

STOLTZ, GARY  
 3001 JOANNA DR.  
 EUSTIS FL 32726

81 Name: **David L. Weiss**  
 82 Street Address (P.O. Box Number is Not Acceptable): **3700 Progress Blvd**  
 83  
 84 City: **Mount Dora** FL 85 Zip Code: **32757**

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: *David L. Weiss* DATE: **6-23-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, TERRY	1.2 NAME	
STREET ADDRESS	34751 CATTAIL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, HARRY	2.2 NAME	
STREET ADDRESS	36956 LAKE YABE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL 32726	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CHUCK	3.2 NAME	
STREET ADDRESS	19911 BAY LAKE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, KATHY	4.2 NAME	
STREET ADDRESS	142 TIMBER LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOLTZ, GARY	5.2 NAME	
STREET ADDRESS	3001 JOANNA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *David L. Weiss* DATE: **4-15-99** DAYTIME PHONE #: **352 483-1100**

CR2E037 (11/98)