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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 765579 (8)

1. Corporation Name
ANTIOCH LITTLE LEAGUE, INC.

Principal Place of Business Mailing Address

12430 KELSO ROAD THONOTOSASSA FL 33592

7003 N. 5 ACRE RD. PLANT CITY FL 33565 US

2. Principal Place of Business 2a. Mailing Address

21 26 2812 Pemberton Creek Dr.

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28 Seffner, Fl.

Zip Country Zip Country

24 25 29 30 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1982

3a. Date of Last Report 03/08/1994

4. FEI Number 52-1349813

Applied For Not Applicable

5. Certificate of Status Desired \$0.75 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

9. Name and Address of Current Registered Agent

BROWN, MICHAEL N
12430 KELSO ROAD
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent

81 Name Christina Ford

82 Street Address (P.O. Box Number is Not Acceptable) 2812 Pemberton Creek Drive

83

84 City Seffner FL 85 Zip Code 33584

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 *Christina Ford* March 6, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GRACE, JANIS	1.2 NAME	Paul Lively
STREET ADDRESS	7003 NORTH FIVE ACRE ROAD	1.3 STREET ADDRESS	4426 Pine Brook Place
CITY-ST-ZIP	PLANT CITY FL 33565	1.4 CITY-ST-ZIP	Dover, Fl. 33527
TITLE	VD	2.1 TITLE	
NAME	DUBOSE, BOB	2.2 NAME	
STREET ADDRESS	3812 N. GALLAGHER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	TD
NAME	FULLENKAMP, DONNA	3.2 NAME	Christina Ford
STREET ADDRESS	8001 KNIGHTS GRIFFIN ROAD	3.3 STREET ADDRESS	2812 Pemberton Creek Dr. Seffner Fl.
CITY-ST-ZIP	PLANT CITY FL 33565	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	Delete
NAME	SAXON, CINDY G.	4.2 NAME	
STREET ADDRESS	0507 W. BACK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D
NAME		5.2 NAME	George Durden
STREET ADDRESS		5.3 STREET ADDRESS	2606 Stafford Woods Place
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Plant City, Fl. 33565
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Christina Ford* 3/6/95 (813) 247-4811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone