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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 765579 (8)

1. Corporation Name
ANTIOCH LITTLE LEAGUE, INC.



Principal Place of Business: 8510 FRANKLIN ROAD, PLANT CITY FL 33566, US
Mailing Address: 2812 PEMBERTON CREEK DR, SEFFNER FL 33584-2420, US

3. Date Incorporated or Qualified: 10/27/1982
3a. Date of Last Report: 02/27/1996
4. FEI Number: 52-1349813
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

2. Principal Place of Business: 21 8510 Franklin Rd., 22 Suite, Apt. #, etc., 23 Plant City, FL, 24 33566, 25 Country
2a. Mailing Address: 26 2812 Pemberton Creek Dr, 27 Suite, Apt. #, etc., 28 2812 Pemberton Creek Dr, 29 33584, 30 Country

9. Name and Address of Current Registered Agent
FORD, CHRISTINA FORD
2812 PEMBERTON CREEK DR
SEFFNER FL 33584

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE PD, NAME LIVELY, PAUL, STREET ADDRESS 3202 WHEELER, CITY-ST-ZIP DOVER FL, DELETE [X]
TITLE VD, NAME DUBOSE, BOB, STREET ADDRESS 3812 N. GALLAGHER RD., CITY-ST-ZIP PLANT CITY FL, DELETE [X]
TITLE TD, NAME FORD, CHRISTINA, STREET ADDRESS 2812 PEMBERTON CREEK DR, CITY-ST-ZIP SEFFNER FL, DELETE [X]
TITLE D, NAME DURDEN, GEORGE, STREET ADDRESS 2606 STAFFORD WOODS PL, CITY-ST-ZIP PLANT CITY FL, DELETE [X]
DELETE [X]
DELETE []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD, 1.2 NAME Lindsay, John, 1.3 STREET ADDRESS 8301 W. Franklin Rd., 1.4 CITY-ST-ZIP Plant City, FL 33565, Change [], Addition [X]
2.1 TITLE VD, 2.2 NAME Latham, Jon, 2.3 STREET ADDRESS 4260 Castlewood Rd., 2.4 CITY-ST-ZIP Seffner, FL 33584, Change [], Addition [X]
3.1 TITLE TD, 3.2 NAME Love, Robbin, 3.3 STREET ADDRESS 5210 Knights Griffin Rd. West, 3.4 CITY-ST-ZIP Plant City, FL 33565, Change [], Addition [X]
4.1 TITLE D, 4.2 NAME Richardson, Billy, 4.3 STREET ADDRESS 5706 Miley Rd., 4.4 CITY-ST-ZIP Plant City, FL 33565, Change [], Addition [X]
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, Change [], Addition []
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP, Change [], Addition []

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Robbin Love*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97 (813)248-5154
Date Daytime Phone # 0046609

CR2E037 (9/96)