FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

1998		Secretary of State Division of Corporations		Secretary	or State	
	MENT #	765579	(8)			
ANTIO	CH LITTLE LEA	AGUE, INC.				
}						
Principal Place	e of Business		Mailing Address			HAL BYHYY BADAY BABAY BADAY YORK
8510 FRANKLIN RD 2812 PEMBERTON CREEK DR				DR	3. Date Incorporated or Qualified	
PLANT CITY FL 33566 SEFFNER FL 33584 US US					10/27/1982	
03			US		4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address					52-1349813	Not Applicable
21				Fanklin	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.			Suite, Apt. #, etc.	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
City & State			City & State		Trust Fund Contribution	Added to Fees
23					7. Is this nonprofit corporation a homeowner Yes	S association?
Zip	Co	ountry	Zip	Country	8. This corporation owes or has paid the cu	
24	25	ddress of Current F	29 33565	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
Ptl Name A						
FORD, CHRISTINA FORD 82 Street Address 6					LINDSAY JOHN Address (P.O. Box Number is Not Acceptable)	
2812 PEMBERTON CREEK DR					ol w. Franklin Rd.	
SEFFNER FL 33584						
				84 CIS	ant CIV FL	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submills this statement for the purpose of changing its registered						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submils 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 .		name of registered agent a	wh TD	E: Registered Agent signature	required when reinstating) DATE	
12.	Signature, typed or printer	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE		Change Addition
NAME	LINDSAY, JOH			1.2 NAME		
STREET ADDRESS	8301 W FRAN			1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY F	<u>L</u>	I prieze	1.4 CITY-ST-ZIP		100
TITLE	VD	1	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	LATHAM, JON 4260 CASTLE			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL	WOOD ND		2.4 CITY-ST-ZIP		ļ
TITLE	TD		DELETE	3.1 TITLE	TO.	Change Addition
NAME	LOVE, ROBBII	4	/\	3.2 NAME	*Kristen Mash agai Bruton Rd Plant City, 33545	^
STREET ADDRESS		s griffin RD wi	EST	3.3 STREET ADDRESS	■ agai Bruton Rd	_
CITY-ST-ZIP	PLANT CITY F	<u>`L</u>		3.4. CITY-ST-ZIP	Plant City, 33545	
TITLE	D	5417	☐ DELETE	4,1 11122	O	☐ Change ☐ Addition
NAME	RICHARDSON			4. 2 NAME		ļ
STREET ADDRESS	5706 MILEY R PLANT CITY F			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FEART OILL	<u> </u>	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			<u> </u>	5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		ļ
CITY-ST-ZIP				5.4 CITY - ST - ZIP		
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		l
STREET ADDRESS				6.3 STREET ADDRESS		

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 of 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:

317198

FILED

May 19 1998 8:00am