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2004

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 765579					
1. Entity Name ANTIOCH LITTLE LEAGUE, INC.					
Principal Place of Business 8510 FRANKLIN RD PLANT CITY, FL 33566 US		Mailing Address P.O. BOX 683 THONOTOSASSA, FL 33592 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
4. FEI Number 52-1349813		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent			
7. Name and Address of New Registered Agent		Name			
Street Address (P.O. Box Number Is Not Acceptable)		Street Address (P.O. Box Number Is Not Acceptable)			
City		City			
Zip		Zip			
Country		Country			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		9. Signature of Registered Agent (Required when obtaining)			
SIGNATURE <i>Cathy Best</i>		DATE <i>12/31/03</i>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD BEDNAR, JOAN 6302 DORMANY ROAD WEST PLANT CITY, FL 33666	<input checked="" type="checkbox"/> Delete	TITLE	P Scott Glisson 8217 Todd PL Plant City, FL 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD BEDNAR, JOAN 6302 DORMANY RD.W PLANT CITY, FL 33666	<input checked="" type="checkbox"/> Delete	TITLE	Y Dret Bolling 4822 Justin LN Plant City, FL 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D PROCTOR, SUSAN 7106 KINARD RD PLANT CITY, FL 33666	<input checked="" type="checkbox"/> Delete	TITLE	S Donna Glisson 8217 Todd PL Plant City, FL 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD PROCTOR, TONY 7106 KINARD RD. PLANT CITY, FL 33666	<input checked="" type="checkbox"/> Delete	TITLE	S Darlene Jordan 144 89 Farm Ln Dover, FL 33527	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD BEST, CATHY 1618 W. KNIGHTS GRIFFIN RD. PLANT CITY, FL 33666	<input type="checkbox"/> Delete	TITLE	T Cathy Best 1618 W. KNIGHTS GRIFFIN Rd Plant City, FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with attachments with all other like empowered.					
SIGNATURE <i>Scott Glisson</i>		DATE <i>12/31/03</i>		Office Phone # <i>813-986-8595</i>	



CHECK HERE IF MAKING CHANGES

MRS

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01/23/04--016L4-006 ***10.00

CR2007 (10/02)