

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836250 (1)

1. Corporation Name
THE POCKET TESTAMENT LEAGUE, INC.

Principal Place of Business PO BOX 800 LITITZ PA 17543-7026	Mailing Address PO BOX 800 LITITZ PA 17543-7026
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2. Principal Place of Business 21 11 Toll Gate Road		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/28/1976	3a. Date of Last Report 03/26/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 22-1616250	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Lititz, PA		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 17543		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LUBKEMANN, ERNEST 3628 MEYER PLACE SARASOTA FL 33579				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	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 *[Signature]* DATE **2/1/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMINIE, JERALD P.	1.2 NAME	MC CASKEY, MICHAEL J.
STREET ADDRESS	825 FOX HEDGE ROAD	1.3 STREET ADDRESS	812 HILLAIRE ROAD
CITY-ST-ZIP	FRANKLIN LAKES NJ	1.4 CITY-ST-ZIP	LANCASTER, PA 17601
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRINGER, WILLIAM C.	2.2 NAME	CURTIS III, ALBERT E.
STREET ADDRESS	155 PEARCE PARKWAY	2.3 STREET ADDRESS	9325 ROYAL MOUNTAIN DRIVE
CITY-ST-ZIP	PEARL RIVER NY	2.4 CITY-ST-ZIP	CHATTANOOGA, TN 37421
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOSTETTER JACK	3.2 NAME	HALE, JAMES L.
STREET ADDRESS	670 N LIME ST	3.3 STREET ADDRESS	910 LAKE ROAD
CITY-ST-ZIP	ELIZABETHTOWN PA	3.4 CITY-ST-ZIP	WEBSTER, NY 14580
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUFFMAN, ROBERT E.	4.2 NAME	MUMMA, BETTY R.
STREET ADDRESS	1306 BEACONFIELD LANE	4.3 STREET ADDRESS	3312 COCHRAN DRIVE
CITY-ST-ZIP	LANCASTER PA	4.4 CITY-ST-ZIP	LANCASTER, PA 17601
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLMODIN, ARTHUR W.	5.2 NAME	TIMMONS, RICHARD
STREET ADDRESS	41 DONNA DR	5.3 STREET ADDRESS	1184 SWAMP ROAD
CITY-ST-ZIP	FAIRFIELD NJ	5.4 CITY-ST-ZIP	RUSHLAND, PA 18956
TITLE	MD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROY W.	6.2 NAME	
STREET ADDRESS	1898 STURBRIDGE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* DATE: **March 18, 1997** (717) 626-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)