

FILE NOW: FILING FEE IS \$61.25

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May 20 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 # **N00039** (0)

1. Corporation Name

PINELLAS PARK AMERICAN LITTLE LEAGUE, INC.



Principal Place of Business	Mailing Address
4100 66TH AVE. N PINELLAS PARK FL 34665	P.O. BOX 1942 PINELLAS PARK FL 33780-1942

3. Date Incorporated or Qualified 11/22/1983	3a. Date of Last Report 08/26/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 65-0012289	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BORGESON, JON 4221 71ST AVENUE NORTH PINELLAS PARK FL 33781

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 **JON BORGESON** *[Signature]* **4-21-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGESON, JON	1.2 NAME	
STREET ADDRESS	4221 71ST AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGESON, CHRISANNE	2.2 NAME	
STREET ADDRESS	4221 71ST AVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33781	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORGESON, JON	3.2 NAME	VKE PRESIDENT
STREET ADDRESS	4221 71ST AVE N	3.3 STREET ADDRESS	ROXANNE BOHAN VP D
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	5427-D 68th LANE N
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TENNEY, TRACY	4.2 NAME	DIRECTOR D
STREET ADDRESS	5531 64TH AVENUE N.	4.3 STREET ADDRESS	BRIAN SULLIVAN
CITY-ST-ZIP	PINELLAS PARK FL 33781	4.4 CITY-ST-ZIP	5821 90th AVENUE
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, LUCY	5.2 NAME	
STREET ADDRESS	5821 90TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33782	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BUD TOMLINSON T
STREET ADDRESS		6.3 STREET ADDRESS	5531 64th AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PINELLAS PARK FL 33781

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]* **4-21-97 (813) 522-6335**
Signature typed or printed name of signing officer or director Date Daytime Phone # 0052086

CR2E037 (9/96)