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Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N00039 (0)</b> 1. Corporation Name <b>PINELLAS PARK AMERICAN LITTLE LEAGUE, INC.</b>					
Principal Place of Business <b>4100 66TH AVE. N. PINELLAS PARK FL 34665</b>			Mailing Address <b>P.O. BOX 1942 PINELLAS PARK FL 33780</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/22/1983</b> 4. FEI Number <b>65-0012289</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>BORGESON, JON 4221 71ST AVENUE NORTH PINELLAS PARK FL 33781</b>			
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 <b>FL</b>		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 <i>Jon Borgeson</i> <b>JON BORGESON PRESIDENT 1-5-98</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PCD BORGESON, JON 4221 71ST AVENUE NORTH PINELLAS PARK FL 33781 TD BORGESON, CHRISANNE 4221 71ST AVE NORTH LARGO FL 33781 VPD BOHAN, ROXANNE 5427-D 68TH LANE N ST PETERSBURG FL D SULLIVAN, BRIAN 5821 90TH AVE N PINELLAS PARK FL ST SULLIVAN, LUCY 5821 90TH AVENUE PINELLAS PARK FL T TOMLINSON, BUD 5531 64TH AVE N PINELLAS PARK FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <b>TO John Andrix 4160 67th AVE N. Pinellas Park FL, 33781</b> <b>VPO Mike Blowers 6881 44th ST N PINELLAS PARK FL 33781</b> <b>SEC. SD Shelly SERGEANT 6722 WOODLAND BLVD N PINELLAS PARK FL 33781</b> <b>TR</b>			
14. I 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. <b>SIGNATURE: JON BORGESON PRESIDENT (813) 1-5-98 522-6335</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054350					

CR2E037 (10/97)