


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90043 040 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01101**

1. Corporation Name

**INDIAN RIVER COUNTY NATIONAL LITTLE LEAGUE, INCO  
RPORATED**

Principal Place of Business

P.O. BOX 381  
VERO BEACH FL 32961  
US

Mailing Address

P.O. BOX 381  
VERO BEACH FL 32961  
US

1 101132-90043-40



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 01/26/1984 4. FEI Number 59-2424953 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
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9. Name and Address of Current Registered Agent

**STRICKLAND, ROBERT D  
3226 62ND DRIVE  
VERO BEACH FL 32966**

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, 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICKLAND, ROBERT D	1.2 NAME	
STREET ADDRESS	3226 62ND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32966	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATTANZIO, STEVEN	2.2 NAME	Jeff Cunningham
STREET ADDRESS	545 BANYAN ROAD	2.3 STREET ADDRESS	985 29th Ct.
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, VIRGINIA	3.2 NAME	Vicki Cunningham
STREET ADDRESS	3310 57TH AVENUE	3.3 STREET ADDRESS	985 29th Ct.
CITY-ST-ZIP	VERO BEACH FL 32966	3.4 CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, BEVERLY	4.2 NAME	Linda McBride
STREET ADDRESS	655 11TH STREET	4.3 STREET ADDRESS	1496 Treasure Cove Lane
CITY-ST-ZIP	VERO BEACH FL 32960	4.4 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Jeff Cunningham* 1-12-99 (561)569-5070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)