

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N03551 (1)  
1. Corporation Name

TITUSVILLE LITTLE LEAGUE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 6240  
TITUSVILLE FL 32780  
USP.O. BOX 6240  
TITUSVILLE FL 32782-6240  
US3. Date Incorporated or Qualified  
06/08/19843a. Date of Last Report  
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHILDEARS, NANCY  
982 TENNESSEE STREET  
TITUSVILLE FL 32796

81 Name

Wendy Colvin

82

Street Address (P.O. Box Number is Not Acceptable)

2725 Starlight Drive

83

84

City Titusville

FL

85

Zip Code 32796

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

Wendy A. Colvin

1-9-97

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHILDEARS, NANCY	
STREET ADDRESS	982 TENNESSEE STREET	
CITY-ST-ZIP	TITUSVILLE FL 32796	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WENDY COLVIN	
1.3 STREET ADDRESS	2725 Starlight Dr	
1.4 CITY-ST-ZIP	Titusville, FL. 32796	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DIESEL, DAN	
STREET ADDRESS	1114 INDIAN RIVER AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALT MC CORMICK	
2.3 STREET ADDRESS	1640 Apricot Dr	
2.4 CITY-ST-ZIP	Titusville, FL. 32796	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIESEL, BARBARA	
STREET ADDRESS	1114 INDIAN RIVER AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LAMB, MARC	
STREET ADDRESS	1782 AYSHIRE DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Peggy Lafferty	
4.3 STREET ADDRESS	2018 Alexander Dr.	
4.4 CITY-ST-ZIP	Titusville, FL 32780	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLVIN, WENDY	
STREET ADDRESS	2725 STAR LIGHT	
CITY-ST-ZIP	TITUSVILLE FL 32796	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Wendy A. Colvin

1-9-96 407 267-2851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015188

CR2E037 (9/96)