

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03677 (4)
1. Corporation Name
PINECREST LITTLE LEAGUE, INC.



Principal Place of Business
**S.R. 39 SOUTH
P.O. BOX 733
LITHIA FL 33547**

Mailing Address
**S.R. 39 SOUTH
P.O. BOX 733
LITHIA FL 33547**

3. Date Incorporated or Qualified
06/14/1984

3a. Date of Last Report
02/06/1995

4. FEI Number
59-2387488

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
30

9. Name and Address of Current Registered Agent
**TAYLOR, GARY A
10005 S BRYANT RD
LITHIA FL 33547**

10. Name and Address of New Registered Agent
81 Name **Same**
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, ROB	1.2 NAME	
STREET ADDRESS	8110 EDISON RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LITHIA FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASINGER, MARGARET	2.2 NAME	
STREET ADDRESS	5350 BEULAH CHURCH RD.	2.3 STREET ADDRESS	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLABACH, PATTY	3.2 NAME	
STREET ADDRESS	10637 LITHIA PINECREST RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LITHIA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, SANDY	4.2 NAME	
STREET ADDRESS	8110 EDISON RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LITHIA FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, ROB	5.2 NAME	
STREET ADDRESS	8110 EDISON RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LITHIA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

300001 PINECREST
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Sec. Patricia Webb
4451 W. Kaysville Rd
FL 33567

Treasurer Karen Phillips
402 Adams Rd
Mulberry FL 33860

Betty Parks
724 Wendell Av
Mulberry, FL 33860

Daryl Phillips
402 Adams Rd
Mulberry FL 33860

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Daryl Taylor Betty Parks** Date: **1-16-96** Daytime Phone: **813-1-81-4028**

CR2E037 (12/95)