

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03677 (4)**  
 1. Corporation Name  
**PINECREST LITTLE LEAGUE, INC.**



Principal Place of Business 9312 S.R. 39 SOUTH P.O. BOX 733 LITHIA FL 33547 US	Mailing Address S.R. 39 SOUTH P.O. BOX 733 LITHIA FL 33547
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3. Date Incorporated or Qualified <b>06/14/1984</b>		
4. FEI Number <b>59-2387488</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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		

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
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9. Name and Address of Current Registered Agent  
**PARKS, JOHN W.**  
**724 WENDEL AVE.**  
**LITHIA FL 33545**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEBB, DANNY	
STREET ADDRESS	4451 W. KEYSVILLE RD.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEBB, PATRICIA	
STREET ADDRESS	4451 W. KEYSVILLE RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PHILLIPS, KAREN	
STREET ADDRESS	402 ADAMS RD	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, AUDREY	
STREET ADDRESS	3319 CINDI LANE	
CITY-ST-ZIP	LITHIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKS, BETTY	
STREET ADDRESS	724 WENDEL AVE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, DARYL	
STREET ADDRESS	402 ADAMS RD	
CITY-ST-ZIP	MULBERRY FL 33860	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>D Paul Christian</i>
4.3 STREET ADDRESS	<i>10010 Boyette Rd</i>
4.4 CITY-ST-ZIP	<i>Lithia FL 33547</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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]* **President** 1-5-98 813 681 4028

CR2E037 (10/97)