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02-22-1999 90098 018 ****61.25

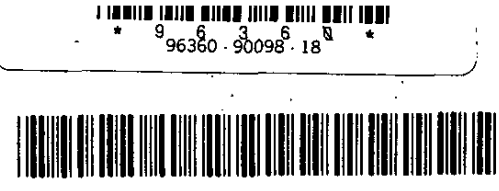
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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N03677

1. Corporation Name
PINECREST LITTLE LEAGUE, INC.

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|--|---|
| 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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|--------------------------------|-------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 06/14/1984 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-2387488 |
| 22. City & State | 27. City & State | Applied For Not Applicable |
| 23. Zip | 28. Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Country | 29. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | | | | | | | |
|--|---|----------|--------------|--|-----------|-----|--|----------|--|
| 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 <table border="1"> <tr> <td>81. Name</td> <td>85. Zip Code</td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td>FL</td> </tr> <tr> <td>83.</td> <td></td> </tr> <tr> <td>84. City</td> <td></td> </tr> </table> | 81. Name | 85. Zip Code | 82. Street Address (P.O. Box Number is Not Acceptable) | FL | 83. | | 84. City | |
| 81. Name | 85. Zip Code | | | | | | | | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL | | | | | | | | |
| 83. | | | | | | | | | |
| 84. City | | | | | | | | | |

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEBB, DANNY | 1.2 NAME | Gary Russ |
| STREET ADDRESS | 4451 W. KEYSVILLE RD. | 1.3 STREET ADDRESS | 1503 Red Bird Ln |
| CITY-ST-ZIP | PLANT CITY FL | 1.4 CITY-ST-ZIP | Lithia, FL 33547 |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Secretary - Gary Russ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEBB, PATRICIA | 2.2 NAME | 1506 Red Bird Ln |
| STREET ADDRESS | 4451 W. KEYSVILLE RD | 2.3 STREET ADDRESS | Lithia FL 33547 |
| CITY-ST-ZIP | PLANT CITY FL 33567 | 2.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | PHILLIPS, KAREN | 3.2 NAME | |
| STREET ADDRESS | 402 ADAMS RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MULBERRY FL 33860 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | CHRISTIAN, PAUL | 4.2 NAME | |
| STREET ADDRESS | 10010 BOYETTE RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LITHIA FL 33547 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | PARKS, BETTY | 5.2 NAME | |
| STREET ADDRESS | 724 WENDEL AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MULBERRY FL 33860 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | PHILLIPS, DARYL | 6.2 NAME | |
| STREET ADDRESS | 402 ADAMS RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MULBERRY FL 33860 | 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: SIGNATURE REQUIRED 1-4-98 813-681-4028
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)