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 # N13844 (8)

1. Corporation Name

INTERLACHEN LITTLE LEAGUE INC.

700001804357
-05/02/96--01014--037
***61.25

Principal Place of Business	Mailing Address
P. O. BOX 822 INTERLACHEN FL 32148	P. O. BOX 822 INTERLACHEN FL 32148

3. Date Incorporated or Qualified: 03/17/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 — Suite, Apt. #, etc. — 27
City & State — 23 — City & State — 28
Zip — 24 — Country — 25 — Zip — 29 — Country — 30

4. FEI Number: 59-2934010 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

OWENS, BILLY B
RT. 4, BOX 50-E
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

81 Name: Chesser, Wilbur
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 3 Box 117-S
83
84 City: Interlachen FL 85 Zip Code: 32148

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] 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	PD	☑ DELETE	1.1 TITLE	President · D	☑ Change ☐ Addition
NAME	OWENS, JACKIE		1.2 NAME	Chesser, Wilbur	
STREET ADDRESS	539 UNION AVENUE (RT. 4, BOX 50-E)		1.3 STREET ADDRESS	Rt 3 Box 117 S	
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY-ST-ZIP	Interlachen, Fl 32148	
TITLE	VP	☑ DELETE	2.1 TITLE	Vice · President (D)	☐ Change ☐ Addition
NAME	[redacted]		2.2 NAME	Peeples, Wayne	
STREET ADDRESS	501 ATLANTIC AVENUE		2.3 STREET ADDRESS	103 W 4th St	
CITY-ST-ZIP	INTERLACHEN FL		2.4 CITY-ST-ZIP	Interlachen, Fl. 32148	
TITLE	D	☑ DELETE	3.1 TITLE	Secretary (D)	☐ Change ☐ Addition
NAME	LYNN, SUE		3.2 NAME	Wells, Theresa	
STREET ADDRESS	RT. 4 BOX 49Y3		3.3 STREET ADDRESS	PO Box 781 Shappell Ave	
CITY-ST-ZIP	INTERLACHEN FL		3.4 CITY-ST-ZIP	Interlachen, Fl. 32148	
TITLE	TD	☑ DELETE	4.1 TITLE	Treasurer (T)	☑ Change ☐ Addition
NAME	OWENS, BILL B		4.2 NAME	N/A Mills, Georgette	
STREET ADDRESS	RT. 4 BOX 50-E		4.3 STREET ADDRESS	Rt. 1 Box 2206 E	
CITY-ST-ZIP	INTERLACHEN FL 32148		4.4 CITY-ST-ZIP	Interlachen, Fl. 32148	
TITLE	D	☑ DELETE	5.1 TITLE	Equipment manager (T)	☑ Change ☐ Addition
NAME	DICK, ED		5.2 NAME	Powell, Herb	
STREET ADDRESS	RT. 3 BOX 688 N/A		5.3 STREET ADDRESS	309 Canine St.	
CITY-ST-ZIP	INTERLACHEN FL		5.4 CITY-ST-ZIP	Interlachen, Fl 32148	
TITLE	D	☑ DELETE	6.1 TITLE	Player Agent (T)	☑ Change ☐ Addition
NAME	JENKINS, TOMMY LEE		6.2 NAME	N/A Mote, Terri	
STREET ADDRESS	100 GEORGE STREET		6.3 STREET ADDRESS	PO Box 475 N/A	
CITY-ST-ZIP	INTERLACHEN FL		6.4 CITY-ST-ZIP	Florahome, Fl. 32148	

CR2E037 (12/95)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/96