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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N13844** **(8)**

1. Corporation Name
INTERLACHEN LITTLE LEAGUE INC.

Principal Place of Business	Mailing Address
P. O. BOX 822 INTERLACHEN FL 32148	P. O. BOX 822 INTERLACHEN FL 32148-0822

3. Date Incorporated or Qualified: **03/17/1986**
3a. Date of Last Report: **05/01/1996**

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

CHESSER, WILBUR
RT 3 BOX 117-S
INTERLACHEN FL 32148

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 Wilbur Chesser 8-6-97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHESSOR, WILBUR	N/A	1.2 NAME		
STREET ADDRESS	RT 3 BOX 117 S		1.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL 32148		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	PEEPLES, WAYNE		2.2 NAME	Charlie Comeau	
STREET ADDRESS	103 64TH ST		2.3 STREET ADDRESS	Rt. 4 Box 572 Twin Lakes Blvd N/A	
CITY-ST-ZIP	INTERLACHEN FL 32148		2.4 CITY-ST-ZIP	Interlachen, Fl. 32148	
TITLE	SD	☐ DELETE	3.1 TITLE	~~SD~~	☐ Change ☐ Addition
NAME	WELLS, THERESA		3.2 NAME		
STREET ADDRESS	PO BOX 781, SHAPPELL AVE N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL 32148		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	MILLS, GEORGETTE		4.2 NAME	Gail Stanfield	
STREET ADDRESS	RT 1 BOX 2863		4.3 STREET ADDRESS	R13 Box 950 Mirror Lake Dr.	
CITY-ST-ZIP	INTERLACHEN FL 32148		4.4 CITY-ST-ZIP	Interlachen, Fl. 32148	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, HERB		5.2 NAME		
STREET ADDRESS	309 CANINE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL 32148		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOTE, TERRI		6.2 NAME		
STREET ADDRESS	PO BOX 475	N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	FLORAHOME FL 32148		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [illegible] 8-6-97 904-684-9515