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DEPARTMENT OF STATE

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13844**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/17/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2934010 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 /s/ Wilbur Chesser 1-7-99
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	P	☐ Change ☑ Addition
NAME	JOHNS, CHARLIE		1.2 NAME	Marsha Chesser	
STREET ADDRESS	102 ROCKY ST		1.3 STREET ADDRESS	205 Murphy St	
CITY-ST-ZIP	INTERLACHEN FL 32148		1.4 CITY-ST-ZIP	Interlachen Fl 32148	
TITLE	VP	☑ DELETE	2.1 TITLE	V.P.	☐ Change ☑ Addition
NAME	CHESSER, WILBUR		2.2 NAME	Terri Sawyer	
STREET ADDRESS	205 MURPHY ST		2.3 STREET ADDRESS	122 Deckert St	
CITY-ST-ZIP	INTERLACHEN FL 32148		2.4 CITY-ST-ZIP	Interlachen, Fl. 32148	
TITLE	S	☐ DELETE	3.1 TITLE	S	☐ Change ☐ Addition
NAME	VAUGHAN, MARILYN		3.2 NAME	Marilyn Vaughan	
STREET ADDRESS	109 NATILEE CIRCLE		3.3 STREET ADDRESS	109 Natilee Circle	
CITY-ST-ZIP	INTERLACHEN FL 32148		3.4. CITY-ST-ZIP	Interlachen, Fl. 32148	
TITLE	T	☐ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	STANFIELD, GAIL		4. 2 NAME	Gail Stanfield	
STREET ADDRESS	116 MIRROR LAKE DR		4.3 STREET ADDRESS	116 Mirror Lake Dr.	
CITY-ST-ZIP	INTERLACHEN FL 32148		4.4 CITY-ST-ZIP	Interlachen, Fl. 32148	
TITLE	T	☐ DELETE	5.1 TITLE	S	☐ Change ☐ Addition
NAME	CHESSER, MARSHA		5.2 NAME	Marsha Chesser	
STREET ADDRESS	205 MURPHY ST		5.3 STREET ADDRESS	205 Murphy St	
CITY-ST-ZIP	INETERLACHEN FL 32148		5.4 CITY-ST-ZIP	Interlachen Fl 32148	
TITLE	T	☐ DELETE	6.1 TITLE	T	☐ Change ☐ Addition
NAME	SAWYER, TERRI		6.2 NAME	Terri Sawyer	
STREET ADDRESS	122 DECKERT ST		6.3 STREET ADDRESS	122 Deckert St	
CITY-ST-ZIP	HOLLISTER FL 32147		6.4 CITY-ST-ZIP	Interlachen Fl. 32147	

CR2E037 (11/98)

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: Marsha Chesser **SIGNATURE REQUIRED** 1-7-99 684-3578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #