

FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18278**

(4)

1. Corporation Name

EAST BAY LITTLE LEAGUE, INC.

Principal Place of Business P.O. BOX 2395 RIVERVIEW FL 33569	Mailing Address P.O. BOX 2395 RIVERVIEW FL 33568-2395
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 12/16/1986	3a. Date of Last Report 03/18/1996
		4. FEI Number 52-1242231		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent KELLER, KARRY 513 GOLF AND SEA BLVD APOLLO BEACH FL 33572		10. Name and Address of New Registered Agent 81 Name Stevens, Dale 82 Street Address (P.O. Box Number is Not Acceptable) 10602 Rivercrest Dr. 83 84 City Riverview FL 85 Zip Code 33569	
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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 *Dale Stevens* (NOTE: Registered Agent signature required when reinstating) DATE 3/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLER, KARRY	1.2 NAME	Stevens, Dale
STREET ADDRESS	513 GOLF AND SEA BLVD	1.3 STREET ADDRESS	10602 Rivercrest Dr
CITY-ST-ZIP	APOLLO BEACH FL	1.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, STEVE	2.2 NAME	
STREET ADDRESS	10710 ESTATES DEL SOL DRIVE	2.3 STREET ADDRESS	9820 ginger Dr
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANKS, JULIA	3.2 NAME	Bohmann, Debra
STREET ADDRESS	6323 WISTERIA LANE	3.3 STREET ADDRESS	P.O. Box 2395
CITY-ST-ZIP	APOLLO BEACH FL	3.4 CITY-ST-ZIP	Riverview FL 33569
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, MAGGIE	4.2 NAME	Nessmith Deborah
STREET ADDRESS	10710 ESTATES DEL SOL DRIVE	4.3 STREET ADDRESS	8602 Stoner Rd
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	Riverview FL 33569
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, SHARON	5.2 NAME	
STREET ADDRESS	6001 FRANCIS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOUDT, JEFF	6.2 NAME	Proctor, Harry
STREET ADDRESS	12032 BULL FROG CREEK RD	6.3 STREET ADDRESS	6001 Francis Dr.
CITY-ST-ZIP	GIBSONTON FL	6.4 CITY-ST-ZIP	Apello Beach, FL 33572

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: *Dale Stevens* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97
Date

513-247-2911
Daytime Phone # 0046238

CR2E037 (9/96)