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Jun 17 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 # **N19379** (9)
1. Corporation Name

NICEVILLE FOOTBALL LITTLE LEAGUE, INC.



Principal Place of Business 1702 DELLMONT CV NICEVILLE FL 32578	Mailing Address P.O. BOX 153 NICEVILLE FL 32588-0153
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3. Date Incorporated or Qualified 02/23/1987	3a. Date of Last Report 08/09/1996
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2. Principal Place of Business 21 317 RUCKEL DR.	2a. Mailing Address 26 P.O. BOX 395
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 NICEVILLE, FL	City & State 28 NICEVILLE, FL
Zip 24 32578	Country 25 OKALOOSA
Country 29 OKALOOSA	Zip 30 OKALOOSA

4. FEI Number 59-2845206	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COOK, GERALD
1702 DELLMONT CV
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent

81 Name EDWIN BRUNO
82 Street Address (P.O. Box Number is Not Acceptable) 317 RUCKEL DR.
83
84 City NICEVILLE
85 Zip Code FL 32578

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 **12 JUN 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

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, H. COLLEEN	
STREET ADDRESS	1702 DELLMONT COVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, GERALD	
STREET ADDRESS	1702 DELLMONT COVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, LORI	
STREET ADDRESS	2200 CHASE DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, GERALD	
STREET ADDRESS	1702 DELLMONT COVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRUNO, LINDA	
STREET ADDRESS	317 RUCKEL DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME EDWIN BRUNO	
1.3 STREET ADDRESS 317 RUCKEL DRIVE	
1.4 CITY-ST-ZIP NICEVILLE, FL 32578	
2.1 TITLE VICE-PRESIDENT VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME DAVID JEFFCOAT	
2.3 STREET ADDRESS 1107 CORAL DRIVE	
2.4 CITY-ST-ZIP NICEVILLE, FL 32578	
3.1 TITLE TREASURER TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DEBBIE SIMERLY	
3.3 STREET ADDRESS 114 CHOCTAW COVE	
3.4 CITY-ST-ZIP VALPARAISO, FL 32579	
4.1 TITLE SECRETARY SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME FALICIA HUTCHINS	
4.3 STREET ADDRESS 1535 HICKORY	
4.4 CITY-ST-ZIP SEMINOLE, FL 32578	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)