

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 # N19416 (9)

1. Corporation Name

AUBURNDALÉ LITTLE LEAGUE BASEBALL, INC.



Principal Place of Business

**HAMPTON STREET
P.O. BOX 981
AUBURNDALÉ FL 33823**

Mailing Address

**HAMPTON STREET
P.O. BOX 981
AUBURNDALÉ FL 33823**

3. Date Incorporated or Qualified
02/25/1987

3a. Date of Last Report
07/06/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISON, ALICE
620 OAKLAND ST
AUBURNDALÉ FL 33823**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JOEY	
STREET ADDRESS	4223 SHADOW WOOD CT	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ROBIN	
STREET ADDRESS	701 HARDY WAY	
CITY - ST - ZIP	AUBURNDALÉ FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEAN, DEBBIE	
STREET ADDRESS	2004 KIRKLAND LAKE DRIVE	
CITY - ST - ZIP	AUBURNDALÉ FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ISON, ALICE	
STREET ADDRESS	620 OAKLAND RD	
CITY - ST - ZIP	AUBURNDALÉ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Carol Dunaway
23 STREET ADDRESS	1535 Robin Street
24 CITY - ST - ZIP	Auburndale, FL 33823
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (941) 945-5522
Date Date Phone #

CR2E037 (12/95)