


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

<p>NONPROFIT CORPORATION ANNUAL REPORT 1997</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # N24312 (3)

CLEARWATER AMERICAN LITTLE LEAGUE INC.

Principal Place of Business	Mailing Address
720 SATURN AVENUE NORTH CLEARWATER FL 34617-0778	P.O. BOX 778 CLEARWATER FL 34617-0778

3. Date Incorporated or Qualified 01/12/1988	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6555631	Applied For
21	26		Not Applicable

22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24	Zip	Country	25	Zip	Country	29	Zip	Country	30	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAGWIN, CAROL
13944 BELLEVUE ROAD
CLEARWATER FL 34616

81	Name	Gayle Roderick
82	Street Address (P.O. Box Number is Not Acceptable)	1381 Viewtop Dr
83		
84	City	Clearwater
85	State	FL
86	Zip Code	34624

1. 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 Gaule Roderick Gaule Roderick, President 1-9-97

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	SN	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	BOWES, KAREN,	1.2 NAME	
STREET ADDRESS	1333 WHITACRE DRIVE	1.3 STREET ADDRESS	1572 Belleair Ln.
CITY - ST - ZIP	CLEARWATER FL 34624	1.4 CITY - ST - ZIP	

TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VAVRA, MARK		2.2 NAME	Stacey Brinson		
STREET ADDRESS	1254 BROOKSIDE DRIVE		2.3 STREET ADDRESS	314 Yelvington Ave		
CITY-ST-ZIP	Clearwater FL 34624		2.4 CITY-ST-ZIP	Clearwater, FL 34615		

TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAGWIN, CAROL		3.2 NAME	Gayle Roderick		
STREET ADDRESS	1304 BELLEVUE ROAD		3.3 STREET ADDRESS	1301 Viewtop Dr		
CITY - ST - ZIP	CLEARWATER FL 34616		3.4 CITY - ST - ZIP	Clearwater FL 34624		

TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WALKER, LISA		4.2 NAME	Brenda LaPointe		
STREET ADDRESS	1527 LIME STREET		4.3 STREET ADDRESS	1399 Seabreeze St.		
CITY - ST - ZIP	CLIFWATER FL 34616		4.4 CITY - ST - ZIP	Clearwater FL 34616		

4.01 STREET	4.02 STREET	4.03 STREET	4.04 STREET
TITLE	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
NAME	5.4 CITY, ST, ZIP		
STREET ADDRESS			
CITY, ST, ZIP			

CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Gayle Roderick, Gayle Roderick, President Date: 11-4-77 Phone: 815-338-2929

CR2E037 (9/96)