## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

		1996		•/	ary of State CORPORATIONS			
	Corporation	MENT #  Name  EAGUE, INC.	N43017	(5)				
Pr	incipal Place	of Business	<del></del>	Mailing Address				901 83051 91851 91851 81811 85911 91915 1911
THE LEAGUE INC P. O. BOX 947501				THE LEAGUE INC				
MAITLAND FL 32794-7501				P.O. BOX 947501 Maitland FL 32794-7501		3.0	ate Incorporated or Qualified	So Date of Last David
US				US			03/26/1991	3a. Date of Last Report 04/21/1995
2. 21	Principal Pl	ace of Business		2a. Mailing Address		4. F	El Number <b>59-3059361</b>	Applied For Not Applicable
22	Suite, Apt.	#, etc.		Suite, Apt. #, etc.		<b>5</b> . O	ertificate of Status Desired	\$8.75 Additional
	City & State	)		City & State		6. E	lection Campaign Financing	Fee Required  \$5.00 May Be
23	Zip	Tc	ountry	Zip	Country	TI	rust Fund Contribution	Added to Fees
24		25	.*	29	30		his corporation has liability for information has liability for information liability for information has liability for inform	tangible tax under s. 199.032, Yes <b>D</b> iNo
_		9. Name and A	ddress of Current R	egistered Agent	04	10. N	ame and Address of New Re	gistered Agent
WILLIAMS, JANET 81 Name Elizabeth J. Ad								dams
1760 VIA GENOA					82 Street	Address (PQ	Box Number is Not Acceptable	<b>,</b>
WINTER PARK FL 32789					83	Alb.		·
					84 City	Oalc	1	B5 Zip Code
11	i. Pursuant t	o the provisions of	Sections 617.0502 an	d 617.1508, Florida Statute	es, the above-named co	Or (a v	NOV mits this statement for the nume	PL 32.83
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 of 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.								ntment as registered agent. Larn
SIGNATURE Slighature, typed printed name of registered				nt and title if applicable. (NOTE: Registered Agent signature recoursed w				4/24/96
12		7	OFFICERS AND D		13.		ODITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
Tett		Ρ		DELETE	1.1 TITLE	PC		Change Addition
NA		GILLMAN, KA			1.2 NAMÉ	Gilln	nan, Kathy	CAL.
	REET ADDRESS Y-ST-ZIP	1418 SYMPH ORLANDO FL			1.3 STREET ADDRESS			urt
7171		CD		DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	CB	100, 172 3280	Change Addition
NA	ME	VOORHEES,	BERTA	_	22 NAME	Bever	Walackness	
STF	REET ADORESS	636 E CLUB	CIR		23 STREET ADDRESS	201 5		eck Dr. W.
CIT	Y-ST-ZIP	LONGWOOD	FL		2 4 CITY-ST-ZIP	Longi	wood R 32	119
TIT	i	CD		DELETE	3.1 TITLE	02		Change Addition
NAM		ADCOOK, LO 2515 CHANU			3 2 NAME	Kolle	en Evers westgate Dr.	4 2 2 m
	REET ADDRESS Y-ST-ZIP	MAITLAND FL			3.3 STREET ADDRESS	6191	meridan ni	225
TITL		C		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	OY 10	udo, FC 328	Change Addition
NAM	ME	DRAGON, INA	1	_	4. 2 NAME	Disth	e in sig	S change T y recition
STR	REET ADDRESS	8045 VILLA D			4.3 STREET ADDRESS	8697		ee_
	Y - ST - ZIP	ORLANDO FL			4.4 CITY - ST - ZIP	orlo	indo. Fr 328	
TITL		S CHICKIMANI I	10VIE	DELETE	5.1 TITLE	5	A	Change
NAN	ME REET ADDRESS	CUSHMAN, J. 615 PRAIRIE (			5.2 NAME	VICE	Montaya	
	Y-ST-ZIP	ALTAMONTE			5 3 STREET ADDRESS	l	Parbord Rd.	
TITL		T		DELETE	54 CITY-ST-ZIP 61 TITLE	FOR	1000d H- 32/180	Change
NAN	ME	WILLIAMS, JA	NET	_	62 NAME	امديانحا	eth Adams.	Englands Distriction
STR	EET ADDRESS	1760 VIA GEN			6 3 STREET ADDRESS	749 R		
	Y-ST-ZIP	WINTER PARI			6.4 CITY-ST-ZIP	0.414	2 14 d 1	3V
14.	cortifutbat	the information ind	ormation supplied with	trus filing is voluntarily furni	shed and does not qua	ality for the exe	mption 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 early 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.

IGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_