## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).



**FILED** 

## Sandra B. Mortham

	IONPROFIT FLORIDA DEPARTA		MENT OF STATE	Sep 02.19	997 8:00am	
	CORPORATION  ANNUAL REPORT  Secretary  Secretary					
	Societally of State		Secreta	ry of State		
	1997 MENT # N43017	(5)	- CHATIONS		2	
1. Corporatio	n Name	(-)				
THE LE	AGUE, INC.					
Principal Plac	e of Business	Mailing Address		( (BB)/(10) 0) 0) 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1		
THE LEAGUE IN	c	THE LEAGUE INC				
P. O. BOX 947501 P.O. BOX 947501  MAITLAND FL 32794-7501 MAITLAND FL 32794-7501				DO NOT WRITE II	DO NOT WRITE IN THIS SPACE	
US US _ ,				3. Date Incorporated or Qualified		
	The second Park		<u> Nilliams</u>	03/26/1991	04/26/1996	
2. Principal P	lace of Business ado Science Center	26. Mailing Address 26. Po Box 3	082	4. FEI Number 59-3059361	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
2777 E. Princeton St 27				5. Certificate of Status Desired	Fee Required	
City & Stat	indo, Florida	City & State  WinterPar	-K.FToric	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zio		Zip 32790-349	Country			
24 32 80		29 30	<u>usa</u>	This corporation owes or has paid Personal Property Tax due June 3		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name						
CURAPITU LADANC						
749 ROSEMERE CIR						
ORLAND FL 32835						
			84 City	. D -	<b>85</b> Zip Code	
44 5			<u> </u>	linter Park	FL 32789	
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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, if am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
	m ramiliar with, and accept the obligation		net L. W	Jilliams 8/2	-197	
SIGNATURE	Signature, typed or printed name of registered agent a	nd tile il applicable. (NOTE: F	Registered Agent signature i		DATE	
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE NAME	GILLMAN, KATHY	☐ DELETE	1.1 TITLE 1.2 NAME	PC Lawton, Madalyne	Change	
STREET ADDRESS	1418 SYMPHONY COURT		1.3 STREET ADDRESS	1114 Meadows Ave	غ	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FI 3280.		
TITLE	CD	☐ DELETE	2.1 TITLE		L. Change	
NAME	BEVERLY BLACKMON	1	2.2 NAME			
STREET ADDRESS	201 SWEET WATER CREEK DR	N	2.3 STREET ADDRESS	•		
CITY-ST-ZIP	LONGWOOD FL	☐ DELETE	2. 4 CITY-ST-ZIP		Change Addition	
TITLE Name	KOLLEEM EVERS	Doctor	3.1 TITLE 3.2 NAME	CD	Change - Addition	
STREET ADDRESS	6191 WESTGATE DR #235		3.3 STREET ADDRESS	Jean Harkrider 8736 Harbor View	Drive.	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	Orlando, FI 328		
TITLE	C	DELETE	4.1 TITLE	C	Change	
NAME	RUTH EINSIG		4. 2 NAME	Vicki montoya		
STREET ADDRESS	8897 VESTA TERRACE		4.3 STREET ADDRESS	1230 Rox boro Rd	17.00	
CITY-ST-ZIP	ORLANDO FL S	I britte	4.4 CITY-ST-ZIP	Longwood, FI 33	1750	
TITLE NAME	VICKI MONTOYA	☐ DELETE	5.1 TITLE 5.2 NAME	Pat Utley	Change Addition	
STREET ADDRESS	1230 ROXBORO RD		5.2 NAME 5.3 STREET ADDRESS	1223 Stevens Ave	_	
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP	Orlando, Fl 3286		
TITLE	<b>T</b>	☐ DELETE	6.1 TITLE	7	Change Addition	
NAME	EUZABETH ADAMS		6.2 NAME	Janet Williams		
STREET ADDRESS	749 ROSEMERE CIR		6.3 STREET ADDRESS	1760 Via Genon	1220	
ATTV - CT - 74D	ORLANDO FI		E & CITY CT 7ID	Winter Park, Fl 3	ו שפושב	

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.