


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N43625 (5)</b> 1. Corporation Name <b>WAKULLA COUNTY CUB LEAGUE BASEBALL ASSOCIATION, INC.</b>			
Principal Place of Business <b>WAKULLA RECREATION PARK CRAWFORDVILLE FL 32327 US</b>		Mailing Address <b>196 APPALOOSA RD. CRAWFORDVILLE FL 32327-3441 US</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> <b>707 LONNIE RAKER LANE</b> <b>27</b> Suite, Apt. #, etc. <b>28</b> <b>CRAWFORDVILLE FLA.</b> <b>29</b> <b>32327</b> <b>30</b> <b>USA</b>	
3. Date Incorporated or Qualified <b>05/29/1991</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-2994446</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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 <b>MARSHALL, LES 196 APPALOOSA RD. CRAWFORDVILLE FL 32326</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>DAVIS, EARL</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>707 LONNIE RAKER LANE</b> <b>83</b> <b>84</b> City <b>CRAWFORDVILLE</b> <b>FL</b> <b>85</b> Zip Code <b>32327</b>	
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 <i>Earl T. Davis</i> <b>EARL T. DAVIS - PRESIDENT</b> Signature, typed or printed name of registered agent and title if applicable.		<b>2-15-97</b> (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	MARSHALL, LES		
STREET ADDRESS	196 APPALOOSA RD.		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		
TITLE	VTS	<input checked="" type="checkbox"/> DELETE	
NAME	MARSHALL, STEPHANIE		
STREET ADDRESS	196 APPALOOSA RD.		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	POSEY, JOHN N		
STREET ADDRESS	P.O. BOX 730 N/A		
CITY-ST-ZIP	PANACEA FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 12			
1.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	DAVIS, EARL T.		
1.3 STREET ADDRESS	707 LONNIE RAKER LANE		
1.4 CITY-ST-ZIP	CRAWFORDVILLE, FLA 32327		
2.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	BURNS, GARY		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	CRAWFORDVILLE FLA 32327		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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.			
SIGNATURE: <i>Earl T. Davis</i> <b>EARL T. DAVIS (PRESIDENT)</b>		<b>2-15-97</b> <b>904 926 1066</b> Signature and typed or printed name of signing officer or director Date Daytime Phone # 00000001	

CR2E037 (9/96)