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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000242 (8)**

1. Corporation Name
GREENACRES LITTLE LEAGUE BASEBALL, INC.

Principal Place of Business 4TH ST AND PERRY AVE GREENACRES FL 33463 US	Mailing Address P.O BOX 5382 LAKE WORTH FL 33466 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <i>Same</i>	City & State 28 <i>Same</i>
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 01/13/1993
4. FEI Number 65-0382346
Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HOFFMAN, DAVE 4379 NICIA WAY GREENACRES FL 33463
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10. Name and Address of New Registered Agent 81 Name <i>Christine M. Atkins</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>5600 South 35th Ct</i> 83 84 City <i>Greenacres</i> 85 Zip Code <i>FL 33463</i>

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]* **1-21-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HOFFMAN, DAVE	
STREET ADDRESS 4379 NICIA WAY	
CITY-ST-ZIP GREENACRES FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WEST, JOHN	
STREET ADDRESS 5848 S 37TH ST	
CITY-ST-ZIP GREENACRES FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SILK, KEITH	
STREET ADDRESS 5802 CHANNEL DR	
CITY-ST-ZIP GREENACRES FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HOFFMAN, GRACE	
STREET ADDRESS 4379 NICIA WAY	
CITY-ST-ZIP GREENACRES 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 12	
1.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Christine M. Atkins	
1.3 STREET ADDRESS 5600 So. 35th Ct.	
1.4 CITY-ST-ZIP Lake Worth, FL 33463	
2.1 TITLE Keith Silk	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 5802 Channel Dr.	
2.3 STREET ADDRESS President	
2.4 CITY-ST-ZIP Greenacres FL 33463	
3.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Dave Hoffman	
3.3 STREET ADDRESS 4379 Nicia Way	
3.4 CITY-ST-ZIP Greenacres FL 33463	
4.1 TITLE Same	<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 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 *[Signature]* **Christine M. Atkins** **1-21-98** **561-969-1755**

CR2E037 (10/97)