

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90237 008 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N93000000242

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 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/13/1993 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0382346 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | | |

9. Name and Address of Current Registered Agent

 ATKINS, CHRISTINE M
 56- 2 35TH CT
 GREENACRES FL 33463

10. Name and Address of New Registered Agent

| | | |
|----|--|-----------------|
| 81 | Name | CAROL L. Silk |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 5802 Channel Dr |
| 83 | City | Greenacres |
| 84 | Zip Code | FL 33463 |

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 *Carol L. Silk*

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ATKINS, CHRISTINE M | 1.2 NAME | CAROL L. Silk |
| STREET ADDRESS | 5600 2 35TH CT | 1.3 STREET ADDRESS | 5802 Channel Dr |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | 1.4 CITY-ST-ZIP | GREENACRES, FL 33463 |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | SILK, KEITH | 2.2 NAME | |
| STREET ADDRESS | 5802 CHANNEL DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENACRES FL 33463 | 2.4 CITY-ST-ZIP | |
| TITLE | DVP <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Vice President |
| NAME | HOFFMAN, DAVE | 3.2 NAME | Dennis Atkins |
| STREET ADDRESS | 4379 NIDIA WY | 3.3 STREET ADDRESS | 5600 South 35th Ct |
| CITY-ST-ZIP | GREENACRES FL 33463 | 3.4 CITY-ST-ZIP | Greenacres, FL 33463 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | HOFFMAN, GRACE | 4.2 NAME | |
| STREET ADDRESS | 4379 NICIA WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENACRES FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: *Carol L. Silk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)