


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED

Aug 11 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000002601 (3)
 1. Corporation Name
WINDERMERE LITTLE LEAGUE, INC.



Principal Place of Business Mailing Address
 P.O. BOX 552 WINDERMERE FL 34786 P.O. BOX 552 WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/04/1993** 3a. Date of Last Report **04/10/1996**

4. FEI Number **59-3149619** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **11125 Park Ave** 26 **Box 552**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 _____ 27 _____
 City & State City & State
 23 **Windermere** 26 **Windermere FL**
 Zip Country Zip Country
 24 **34786** 25 **USA** 29 **34786** 30 **Orlando**

9. Name and Address of Current Registered Agent
 MCCOY, LARRY
 78 PINE ST.
 WINDERMERE FL 34786

10. Name and Address of New Registered Agent
 81 Name **Terry Reese, Pres.**
 82 Street Address (P.O. Box Number is Not Acceptable) **7301 Forestwood Ct.**
 83 **ORL.**
 84 City **ORL** 85 State **FL** 86 Zip **32835**

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, 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, Section 617.0503, Florida Statutes.
 SIGNATURE **Terry Reese, President 8-4-97**
 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCOY, LARRY	
STREET ADDRESS	78 PINE ST.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DOBBS, BEBBIE	
STREET ADDRESS	515 WALEY DR.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DENSMORE, JAMES	
STREET ADDRESS	7301 FORESTWOOD CT.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	(D) Terry Reese, Pres.	<input type="checkbox"/> DELETE
NAME	Terry Reese, Pres.	
STREET ADDRESS	7301 Forestwood Ct.	
CITY-ST-ZIP	ORL FL 32835	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE	(D) MARY CLICK, Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY CLICK, Pres.	
1.3 STREET ADDRESS	406 Salmon Br.	
1.4 CITY-ST-ZIP	ORL FL 32835	
2.1 TITLE	(D) Greg Lund, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Greg Lund, VP	
2.3 STREET ADDRESS	Box 552, Windermere FL 34786	
2.4 CITY-ST-ZIP	11125 Main St.	
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	New	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President (D)	
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 report does not qualify for the exemption provided in Section 119.07(3), Florida Statutes. I further certify that the information indicated on this annual report or supplement is true and accurate to the best of my knowledge and belief, and 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: **Mary Click 7-20-97**
 SIGNATURE REQUIRED

CR2E037 (4/97)