

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001894 (4)

1. Corporation Name

SEMINOLE LITTLE LEAGUE, INC.

Principal Place of Business

Mailing Address

12100 - 90TH AVE. N
SEMINOLE FL 34645
US11935 HACIENDA SQ
APT 171
SEMINOLE FL 33772-5087
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 8511 King St.

22 City & State

27 Seminole FL

23 Zip 33772

Country

28 33772

Country

30 US

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

02/21/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIEM, ROBERT
11935 HACIENDA SQ APT 171
SEMINOLE FL 34642

81 Name Robert Hasson

82 Street Address (P.O. Box Number is Not Acceptable)

8511 King St.

83

84 City Seminole

FL

85 Zip Code

33772

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME DIEM, ROBERT
STREET ADDRESS 11935 HACIENDA SQ APT 171
CITY - ST - ZIP SEMINOLE FL1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Mary Drenth
1.3 STREET ADDRESS 13221 84th Terr. N.
1.4 CITY - ST - ZIP Seminole FL 33776TITLE ☐ DELETE
NAME HASSON, ROB
STREET ADDRESS 8511 KING STREET
CITY - ST - ZIP SEMINOLE FL 337722.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP 33772TITLE ☐ DELETE
NAME CROSBY, LEZAH
STREET ADDRESS 10241 - 110TH WAY N.
CITY - ST - ZIP LARGO FL 34648 337783.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP 33778TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051679

CR2E037 (9/96)