

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004976 (6)**

1. Corporation Name
NORTH SPRINGS LITTLE LEAGUE, INC.



Principal Place of Business 4801 NORTH UNIVERSITY DRIVE STE. 411 CORAL SPRINGS FL 33067	Mailing Address 4801 NORTH UNIVERSITY DRIVE STE. 411 CORAL SPRINGS FL 33067
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2. Principal Place of Business 21 3300 UNIVERSITY DR. Suite, Apt. # etc. 22 608 City & State 23 CORAL SPRINGS, FL Zip 24 33065	2a. Mailing Address 26 3300 UNIVERSITY DR Suite, Apt. # etc. 27 608 City & State 28 CORAL SPRINGS FL Zip 29 33065
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3. Date Incorporated or Qualified 10/05/1994	4. FEI Number 65-0525955	Applied For <input 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 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 LYON, JAMES B 1881 UNIVERSITY DRIVE STE. 208 CORAL SPRINGS FL 33071	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KEMPINGER, FRANK
STREET ADDRESS	8722 N.W. 47TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LECLAIR, MARY ELLEN
STREET ADDRESS	4899 NW 59TH WAY
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DEFAU, BRYON
STREET ADDRESS	8740 N.W. 40TH ST., APT #508
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HART, CHRIS
STREET ADDRESS	5501 N.W. 88TH WAY
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	D <input type="checkbox"/> DELETE
NAME	WALKER, SOLANNE
STREET ADDRESS	5860 W LEITNER DR
CITY-ST-ZIP	CORAL SPRGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MAIER, DENNIS
STREET ADDRESS	7777 N.W. 55TH PLACE
CITY-ST-ZIP	CORAL SPRINGS FL 33067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MORRISON, JON
1.3 STREET ADDRESS	10648 NW 49TH CT
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33066
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STRANO, TONY
2.3 STREET ADDRESS	7104 NW 38th MANOR
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DICKFORD, ROB
3.3 STREET ADDRESS	6400 NW 50 ST
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROTHLATT, RONNIE
4.3 STREET ADDRESS	5059 NW 91 LANE
4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WALKER, SUZANNE
5.3 STREET ADDRESS	5660 W. LEITNER DR.
5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067
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 in an attachment with an address.

SIGNATURE:  **JON J. MORRISON** 4/29/98 854-340-0082

CR2E037 (10/97)