

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000543 (7)**

1. Corporation Name

**DEBARY LITTLE LEAGUE, INCORPORATED**



Principal Place of Business <b>111 SUNDOWN RD DEBARY FL 32713-4240</b>	Mailing Address <b>P.O. BOX 35 DE BARY FL 32713-0035 US</b>
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3. Date Incorporated or Qualified <b>01/31/1995</b>	3a. Date of Last Report <b>04/05/1996</b>
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2. Principal Place of Business <b>21 30 E. Highbanks Rd</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 De Bary, FL</b>	City & State <b>28</b>
Zip <b>24 32713</b>	Country <b>25</b>
Country <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-3331933</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>PROVAU, DAVID W 111 SUNDOWN RD DEBARY FL 32713-4240</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Elizabeth Hernandez</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>19 Dogwood Trail</b>	
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84 City <b>De Bary</b>	85 Zip Code <b>FL 32713</b>

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 Elizabeth Hernandez DATE 1/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President (P)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PROVAU, DAVID W</b>		1.2 NAME <b>Bennie Francis</b>	
STREET ADDRESS <b>111 SUNDOWN RD</b>		1.3 STREET ADDRESS <b>112 Pine Valley Court</b>	
CITY-ST-ZIP <b>DEBARY FL 32713-4240</b>		1.4 CITY-ST-ZIP <b>De Bary, FL 32713</b>	
TITLE <b>1VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Vice President (V)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, MIKE</b>		2.2 NAME <b>Rick Bentley</b>	
STREET ADDRESS <b>11 MONROE AVENUE</b>		2.3 STREET ADDRESS <b>131 Floridana Road</b>	
CITY-ST-ZIP <b>DEBARY FL 32713</b>		2.4 CITY-ST-ZIP <b>De Bary, FL 32713</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Secretary (S)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HENNING, LYDIA</b>		3.2 NAME <b>Karen Cove</b>	
STREET ADDRESS <b>152 DEBARY DRIVE</b>		3.3 STREET ADDRESS <b>43 Soft Shadow Ct.</b>	
CITY-ST-ZIP <b>DEBARY FL 32713</b>		3.4 CITY-ST-ZIP <b>De Bary, FL 32713</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Treasurer (T)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAMBERT, JOHN</b>		4.2 NAME <b>Elizabeth Hernandez</b>	
STREET ADDRESS <b>16 SURREY ROAD</b>		4.3 STREET ADDRESS <b>19 Dogwood Trail</b>	
CITY-ST-ZIP <b>DEBARY FL 32713</b>		4.4 CITY-ST-ZIP <b>De Bary, FL 32713</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)