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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002275 (4)

1. Corporation Name
NORTH NAPLES LITTLE LEAGUE, INC.



Principal Place of Business NAPLES PARK NAPLES FL 34110 US	Mailing Address C/O J W MARTIN JR 206 FAIRWAY CIRCLE DR NAPLES FL 34110 US
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3. Date Incorporated or Qualified 05/10/1995
4. FEI Number 52-1287639
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Naples Park Suite, Apt. #, etc. 22 685 111th Ave. No. City & State 23 Naples FL Zip 24 34110	2a. Mailing Address 26 C/O Catherine C. Duffy Suite, Apt. #, etc. 27 380 Sharwood Dr. City & State 28 Naples FL Zip 29 34110
Country 25 US	Country 30 US

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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CECIL, W J
PORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMAMI TRAIL NORTH, #400
NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name Catherine C. Duffy
82 Street Address (P.O. Box Number is Not Acceptable)
83 380 Sharwood Dr.
84 City Naples FL 85 Zip Code 34110

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 Catherine C. Duffy **2/13/98**
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	P <input checked="" type="checkbox"/> DELETE
NAME	MARTIN, J W JR
STREET ADDRESS	206 FAIRWAY CIRCLE DR
CITY-ST-ZIP	NAPLES FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	POTTS, CHERYL
STREET ADDRESS	10243 BOCA CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	A <input checked="" type="checkbox"/> DELETE
NAME	VENTRE, DONNA
STREET ADDRESS	2099 YUCCA CT
CITY-ST-ZIP	NAPLES FL
TITLE	TR <input checked="" type="checkbox"/> DELETE
NAME	PETTY, TIM
STREET ADDRESS	816 108TH AVE NORTH
CITY-ST-ZIP	NAPLES FL
TITLE	TR <input checked="" type="checkbox"/> DELETE
NAME	DUFFY, KEVIN
STREET ADDRESS	380 SHARWOOD DRIVE
CITY-ST-ZIP	NAPLES FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	CECIL, MARY A
STREET ADDRESS	1984 MISSION DRIVE
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. Steven Waugh
1.3 STREET ADDRESS	8124 Las Palmas Way
1.4 CITY-ST-ZIP	Naples FL 34109
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brian Lieth
2.3 STREET ADDRESS	6700 Trail Blvd
2.4 CITY-ST-ZIP	Naples FL 34108
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brett Ortengren
3.3 STREET ADDRESS	7537 Citrus Hill Lane
3.4 CITY-ST-ZIP	Naples FL 34109
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Catherine C. Duffy
4.3 STREET ADDRESS	380 Sharwood Dr
4.4 CITY-ST-ZIP	Naples FL 34110
5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Deborah Gaetano
5.3 STREET ADDRESS	483 Huntington Dr
5.4 CITY-ST-ZIP	Naples FL 34109
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Paul Brezovsky
6.3 STREET ADDRESS	2103 Mission Dr
6.4 CITY-ST-ZIP	Naples FL 34109

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.

SIGNATURE: Catherine C. Duffy **2/16/98** **944 591 7677**

CR2E037 (10/97)