

FILE NOW: FILING FEE IS \$61.25

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Jul 22 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 # **N95000004705 (8)**

1. Corporation Name

TOM BROWN PARK LITTLE MAJOR LEAGUE ASSOCIATION, INC.



Principal Place of Business EASTERWOOD DRIVE TALLAHASSEE FL 32301	Mailing Address 3540 KIMMER ROWE TALLAHASSEE FL 32308
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3. Date Incorporated or Qualified 10/05/1995
4. FEI Number 59-3393860
Applied For <input type="checkbox"/> Not Applicable

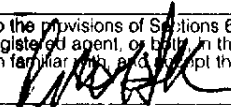
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 14798 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 checked="" 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 ROSA, TOM 3213 N. SHANNON LAKES TALLAHASSEE FL 32308
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10. Name and Address of New Registered Agent 81 Name Preston H. Sellars 82 Street Address (P.O. Box Number is Not Acceptable) 3080 Hawks Landing Dr. 83 84 City Tallahassee FL 85 Zip Code 32308
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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  DATE **7-6-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ROSA, TOM	1.2 NAME	Preston H. Sellars
STREET ADDRESS	3213 N. SHANNON LAKES	1.3 STREET ADDRESS	3080 Hawks Landing Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	2.1 TITLE	V
NAME	STRAUB, TERRY	2.2 NAME	Scott McPherson
STREET ADDRESS	3513 CASTLEBAR CIR.	2.3 STREET ADDRESS	3082 Fermanagh Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	3.1 TITLE	V
NAME	EVANS, JACK	3.2 NAME	Jane Criswell
STREET ADDRESS	3257 CRANLEIGH DRIVE	3.3 STREET ADDRESS	4935 Shannon Lakes E.
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	S	4.1 TITLE	T
NAME	GOEKE, IOLA	4.2 NAME	Rob Stuyverson
STREET ADDRESS	3687 IOLA CRESCENT	4.3 STREET ADDRESS	3039 Feeney Ct.
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	T	5.1 TITLE	S
NAME	HINSON, ELLA	5.2 NAME	Tom Bateman
STREET ADDRESS	3540 KIMMER ROWE RD	5.3 STREET ADDRESS	6551 Velda Dairy Road
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Keith Gaskins
STREET ADDRESS		6.3 STREET ADDRESS	6800 Worth Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tallahassee, FL 32308

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  DATE **3-25-98** **850** **224-4960 X151**

CP2E037 (10/97)