

FILE NOW: FILING FEE IS \$61.25

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Mar 27 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 # **N95000005402 (1)**

1. Corporation Name

EAST ORANGE LITTLE LEAGUE, INCORPORATED



Principal Place of Business 18501 WASHINGTON AVE ORLANDO FL 32820	Mailing Address P.O. BOX 922 CHRISTMAS FL 32709-0922
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3. Date Incorporated or Qualified 11/13/1995	
4. FEI Number 59-3107318	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MCKINNEY, SUSAN 23150 TEX WHEELER AVENUE PO BOX 583 CHRISTMAS FL 32709	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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	CARTER, LEON
STREET ADDRESS	13809 SKYBLUE COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, SANDRA
STREET ADDRESS	729 HALLOWELL CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCKINNEY, SUSAN
STREET ADDRESS	23150 TEX WHEELER AVE
CITY-ST-ZIP	CHRISTMAS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCKINNEY, ROBERT JR
STREET ADDRESS	23150 TEX WHEELER AVE
CITY-ST-ZIP	CHRISTMAS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bob GRAY
1.3 STREET ADDRESS	2821 E. 8th Street
1.4 CITY-ST-ZIP	Orlando FL 32820
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tara Hubbard
2.3 STREET ADDRESS	4206 Iveyden Ave
2.4 CITY-ST-ZIP	Orlando FL 32826
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tina Muller mullen
3.3 STREET ADDRESS	17031 E. Mays Trail
3.4 CITY-ST-ZIP	Orlando FL 32833
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 on an attachment with an address.

SIGNATURE: *Susan McKinney* *3/27/98* *(45) 922-1616*

CR2E037 (10/97)