


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90097 026 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000548**

1. Corporation Name  
**FORT PIERCE NATIONAL LITTLE LEAGUE, INC.**

Principal Place of Business 2503 DELAWARE AVE FT PIERCE FL 34947	Mailing Address P.O. BOX 283 FT PIERCE FL 34954-0283
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/31/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0644588
23 City & State	28 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**MOORE, VENETIA**  
**208 NORTH 28TH ST.**  
**FT PIERCE FL 34950**

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	DT	<input type="checkbox"/> DELETE
NAME	WATKINS, SHERRI	
STREET ADDRESS	5508 KILLARNEY AVE	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KEMPTON, KRUEGER	
STREET ADDRESS	8007 ROBERTS ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MOORE, VENETIA	
STREET ADDRESS	208 NORTH 28TH STREET	
CITY-ST-ZIP	FT. PIERCE FL 34950	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Sherris C. Watkins SIGNATURE REQUESTED: Sherris C. Watkins 1.30.99 561-562-4502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0074539

CR2E037 (1/98)