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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001261 (4)**

1. Corporation Name

**FORT PIERCE LITTLE LEAGUE CONCESSION, INC.**



Principal Place of Business

Mailing Address

**2503 DELAWARE AVE  
FT PIERCE FL 34947**

**P O BOX 3652  
FT PIERCE FL 34948-3652**

3. Date Incorporated or Qualified  
**03/04/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRUEGER, KEMPTON  
8007 ROBERTS RD  
FT PIERCE FL 34951**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KRUEGER, KEMPTON</b>	
STREET ADDRESS	<b>8007 ROBERTS RD</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34951</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPKINS, DAWN</b>	
STREET ADDRESS	<b>2410 SHAMROCK RD</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34982</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WATKINS, SHERRI</b>	
STREET ADDRESS	<b>5508 KILLARNEY AVE</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34951</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WAGNER, STEPHANIE</b>	
STREET ADDRESS	<b>6010 PALM DR</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34982</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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.

SIGNATURE:

*Stephanie Wagner*

**2/20/97**

**464-0450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070806

CR2E037 (9/96)