


FILE NOW: FILING FEE IS \$61.25

FILED  
May 07 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N96000001261 (4)**

1. Corporation Name

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



Principal Place of Business <b>2503 DELAWARE AVE FT PIERCE FL 34947</b>	Mailing Address <b>P O BOX 3652 FT PIERCE FL 34948-3652</b>
--------------------------------------------------------------------------------	--------------------------------------------------------------------

3. Date Incorporated or Qualified <b>03/04/1996</b>	
4. FEI Number <b>65-0661368</b>	Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
22 City & State	23 Zip	24 Country	25 Zip
26 Country	27 Zip	28 Country	29 Zip
30			

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>KRUEGER, KEMPTON 8007 ROBERTS RD FT PIERCE FL 34951</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

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 *Kempton Krueger* (NOTE: Registered Agent signature required when reinstating) DATE **4-28-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUEGER, KEMPTON</b>	1.2 NAME	
STREET ADDRESS	<b>8007 ROBERTS RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL 34951</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOPKINS, DAWN</b>	2.2 NAME	<b>Dawn Casper</b>
STREET ADDRESS	<b>2410 SHAMROCK RD</b>	2.3 STREET ADDRESS	<b>5312 Palmridge Drive</b>
CITY-ST-ZIP	<b>FT PIERCE FL 34982</b>	2.4 CITY-ST-ZIP	<b>FT. Pierce FL 34982</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATKINS, SHERRI</b>	3.2 NAME	
STREET ADDRESS	<b>5508 KILLARNEY AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL 34951</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGNER, STEPHANIE</b>	4.2 NAME	
STREET ADDRESS	<b>8010 PALM DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL 34982</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Darrell Crum</b>	5.2 NAME	<b>DS</b>
STREET ADDRESS	<b>2280 Johnston Road</b>	5.3 STREET ADDRESS	<b>5.7</b>
CITY-ST-ZIP	<b>FT. Pierce FL 34951</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tami Brown</b>	6.2 NAME	
STREET ADDRESS	<b>8002 Kenwood Drive</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. Pierce, FL</b>	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: *Sherril P. Watkins* 4-28-98 561-512-4502

CP2E037 (10/97)