SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000702 (7)

HAINES CITY LITTLE LEAGUE BASEBALL, INC.

THE OFFICE CENTED DIVIDED NO.				
Principal Place of Business Mailing Addres		Malling Address		
EAST JOHNSON AVENUE EAST JOHNSON AVENUE				3. Date Incorporated or Qualified
		HAINES CITY FL 33844		02/06/1997
1				4 FEI Number Applied For
				59-3410401 Not Applicable
2. Principal Place of Business 2e. Ma 21 26 5		2a. Malling Address 26 588 Sweets	vater Way E	5. Certificate of Status Desired S8.75 Additional Fee Required
Sulte, Apt. #, etc. Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 27				Trust Fund Contribution Added to Fees
City & Star	de	28 Haines Ci	ty FZ	7. Is this nonprofit corporation a homeowners association?
Zip	Country	Ziposovi	Country	8. This corporation owes or has paid the current year Intangible
24	25		50 POLK	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 4) A				
70 A				
TUCKER, JOHN R III 588 SWEETWATER WAY, EAST			82 Street	Address (P.O. Box Number is Not Acceptable)
HAINES CITY FL 33844			83	
<u> </u>				
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	NΑ			_
Signature, typed or printed name of registered agent and title if applicable. (NOT				e required when reinstating) DATE
12.	OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME		L_J DELETE	1.2 NAME	Linda Benton Change HAddition
STREET ADDRESS	TUCKER, JOHN R III 588 SWEETWATER WAY, ESAT		1.3 STREET ADDRESS	713 4th Street N.
	HAINES CITY FL 33844			Haines City, FL 33844
CITY-ST-ZIP	VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	
NAME	MORAN, JIM	RC1 nerete	2.2 NAME	
STREET ADDRESS	403 WINDWARD WAY		2.3 STREET ADDRESS	Larry MATAIS P.O. BOX 783
CITY-ST-ZIP	HAINES CITY FL 33844		2.4 CITY-ST-ZIP	Lake Hamilton, FL 33851
TITLE	VD	□ DELETE	3.1 TITLE	Change Addition
NAME	CRANE, CLARENCE	—,	3.2 NAME	Second Control of Cont
STREET ADDRESS	410 F STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844		3.4 CITY-ST-ZIP	
TITLE	VD	DELETE	4.1 TITLE	Change Addition
NAME	SMITH, STEVE		4.2 NAME	
STREET ADDRESS	2610 CREST DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844		4.4 CITY-ST-ZIP	
TITLE	SD	DELETE	5.1 TITLE	Change Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SCHAEFER, JOELLE

MOORE, LYNDA

20 SOUTH 10TH STREET

1007 W. LAKE MARION ROAD

HAINES CITY FL 33844

HAINES CITY FL 33844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Sept. 19, 1998

Daytime Phone #

Change

Addition

FILED

Oct 07 1998 8:00am

Secretary of State