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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

558138 - 90021 - 5

DOCUMENT #-N97000002697

1. Corporation Name
PLANT CITY LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
MIKE SANSOM PARK PARK ROAD PLANT CITY FL	P.O. BOX 1471 PLANT CITY FL 33564

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/09/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2215822 ☑ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MATTHEWS, BARBARA B 5335 U.S. HIGHWAY 98 NORTH LAKELAND FL 33809	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	CARROLL, LAURA		1.2 NAME	Laura Feaster	
STREET ADDRESS	P O BOX 1477 N/A		1.3 STREET ADDRESS	5030 Reece Rd	D
CITY-ST-ZIP	PLANT CITY FL 33564		1.4 CITY-ST-ZIP	Plant City FL 33567	
TITLE	D	☑ DELETE	2.1 TITLE	President	☐ Change ☑ Addition
NAME	SMITH, MICKEY		2.2 NAME	Dave Osborne	
STREET ADDRESS	P O BOX 1471 N/A		2.3 STREET ADDRESS	2003 W. Sandalwood Dr.	D
CITY-ST-ZIP	PLANT CITY FL 33564		2.4 CITY-ST-ZIP	Plant City, FL 33566	
TITLE	DVP	☑ DELETE	3.1 TITLE	Vice President	☐ Change ☑ Addition
NAME	TERRELL, TERRY		3.2 NAME	Dave Byars	
STREET ADDRESS	1100 NANCY TERR		3.3 STREET ADDRESS	1809 Hitchington Post Place	D
CITY-ST-ZIP	PLANT CITY FL 33566		3.4 CITY-ST-ZIP	Plant City FL 33567	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SADLER, GLENDA		4.2 NAME		
STREET ADDRESS	4817 GARLAND BRANCH RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DOVER FL 33527		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 4/27/99 813/752-4950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #