

SECOND NOTICE: - CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90008 049 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **N97000004155** ✓

1. Corporation Name

PALM HARBOR AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business

1968 BAYSHORE BLVD.
 DUNEDIN FL 34698

Mailing Address

1968 BAYSHORE BLVD.
 DUNEDIN FL 34698



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/22/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3453566

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIANFRONE, JOSEPH R
1968 BAYSHORE BLVD.
DUNEDIN FL 34698

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EISEL, FRANK	
STREET ADDRESS	1599 SANDY HOLLOW LANE	
CITY-ST-ZIP	PALM HARBOR FL 34698	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELDER, CARL	
STREET ADDRESS	195 MONTROSE CT.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOFSTETTER, LISA	
STREET ADDRESS	720 ROLLING HILL DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MIDGETTE, KAREN	
STREET ADDRESS	2864 LONG LEAF LANE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOCHENOUR, BILL	
STREET ADDRESS	248 SHORE DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DONALD R FISHER JR	
1.3 STREET ADDRESS	1482 TRAITOP DR	
1.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
2.1 TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LARRY COPE	
2.3 STREET ADDRESS	3067 JOOE LANE	
2.4 CITY-ST-ZIP	PALM HARBOR 34684	
3.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Betty Smith Betse	
3.3 STREET ADDRESS	860 Village Way	
3.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANGELA RAIMER	
4.3 STREET ADDRESS	2690 CORAL LANDING BLVD #438	
4.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joseph R Cianfrone	
5.3 STREET ADDRESS	1968 Bayshore Blvd	
5.4 CITY-ST-ZIP	Dunedin FL 34698	
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)(f), 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: **DONALD R FISHER JR** 7/24/99 813 289 9836 ext 347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0009279
 CR2E037 (5/99)