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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006818 (5)**

1. Corporation Name

PAXTON, FLORIDA, LITTLE LEAGUE, INC.



Principal Place of Business 22096 US HIGHWAY 331 N PAXTON FL	Mailing Address PO BOX 1211 PAXTON FL 32538	3. Date Incorporated or Qualified 12/05/1997
4. FEI Number 59-3441924		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent DAVENPORT, TROY E 331 DAVIDSON ROAD DEFUNIAK SPRINGS FL 32433	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, TROY E	1.2 NAME	
STREET ADDRESS	331 DAVIDSON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, DONEL	2.2 NAME	
STREET ADDRESS	6455 COUNTY HWY 0805	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, JULIE	3.2 NAME	
STREET ADDRESS	331 DAVIDSON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, CONNIE	4.2 NAME	
STREET ADDRESS	2254 ST HWY 85	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL HILL FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLISON, FRANK	5.2 NAME	
STREET ADDRESS	373 ADAMS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL HILL FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, JAN	6.2 NAME	
STREET ADDRESS	6455 COUNTY HWY 0805	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	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: _____ SIGNATURE REQUIRED

4-1-98 950-834-3119

CP25037 (10/97)