

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
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 050 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000001545

1. Corporation Name

SOUTH LEVY LITTLE LEAGUE, INC.

Principal Place of Business

8350 HIGHWAY 40 EAST
INGLIS FL 34449

Mailing Address

8350 HIGHWAY 40 EAST
INGLIS FL 34449



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 P.O. Box 504		03/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3316713	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 INGLIS FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29 34449		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

LAMBERT, KENTON
8350 HIGHWAY 40 EAST
INGLIS FL 34449

10. Name and Address of New Registered Agent

81 Name	Darlene Slattery
82 Street Address (P.O. Box Number is Not Acceptable)	16850 SE 72nd Ct.
83	
84 City	INGLIS
85 Zip Code	FL 34449

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Darlene Slattery

9-7-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Shannon Smith	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOLEWARE, MAC			1.2 NAME	717 Hwy 40 E		
STREET ADDRESS	3446 WEST WEBSTER PLACE			1.3 STREET ADDRESS	INGLIS FL 34449		
CITY-ST-ZIP	CITRUS SPRINGS FL 34434			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	MARVIN CARVER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAMBERT, KENTON			2.2 NAME	8250 SE 143rd St.		
STREET ADDRESS	8350 HIGHWAY 40 EAST			2.3 STREET ADDRESS	INGLIS FL 34449		
CITY-ST-ZIP	INGLIS FL 34449			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Amy Carver	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NAJA, BOB			3.2 NAME	8250 SE 143rd St.		
STREET ADDRESS	8630 144TH PLACE SOUTHEAST			3.3 STREET ADDRESS	INGLIS, FL. 34449		
CITY-ST-ZIP	INGLIS FL 34449			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Deborah Clark	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NAJA, LINDA			4.2 NAME	409 Hwy 40 E.		
STREET ADDRESS	8630 144TH PLACE SOUTHEAST			4.3 STREET ADDRESS	INGLIS, FL. 34449		
CITY-ST-ZIP	INGLIS FL 34449			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	DARLENE SLATTERY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLATTERY, DARLENE			5.2 NAME	16850 SE 72nd Ct.		
STREET ADDRESS	95 HIGHWAY 40 WEST			5.3 STREET ADDRESS	INGLIS FL 34449		
CITY-ST-ZIP	INGLIS FL 34449			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	LESTER GREEN	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, ANDREW			6.2 NAME	1943D SE 58th Ave		
STREET ADDRESS	717 HIGHWAY 40 EAST			6.3 STREET ADDRESS	INGLIS FL 34449		
CITY-ST-ZIP	INGLIS FL 34449			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, with all other like empowered.

SIGNATURE:

Darlene Slattery 9-7-99 352-4473311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)