

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702272 (6)

1. Corporation Name
NORTH LAKE LAND LITTLE LEAGUE, INC.



Principal Place of Business: 7044 GREEN RD, LAKE LAND FL 33809 US
Mailing Address: 7044 GREEN RD, LAKE LAND FL 33809 US

3. Date Incorporated or Qualified: 04/13/1961
3a. Date of Last Report: 04/17/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For							
					59-3178211	Not Applicable							
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	\$8.75 Additional Fee Required							
					<input type="checkbox"/>								
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees							
					<input type="checkbox"/>								
24	Zip	25	Country	29	Zip	30	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
SCISM, SKIP 6334 DOE CIR LAKE LAND FL 33809				81	Name	Debi W. West			
				82	Street Address (P.O. Box Number is Not Acceptable)	319 Louis Edward Court			
				83					
				84	City	Lakeland	85	Zip Code	33809

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: *Debi W. West* DATE: 2/28/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	<input type="checkbox"/>	DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	SCISM, SKIP			1.2 NAME	Debi W. West				
STREET ADDRESS	6334 DOE CIR			1.3 STREET ADDRESS	319 Louis Edward Ct.				
CITY-ST-ZIP	LAKE LAND FL			1.4 CITY-ST-ZIP	Lakeland, FL 33809				
TITLE	SD	<input type="checkbox"/>	DELETE	2.1 TITLE	Secretary	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	WEST, DEBBIE			2.2 NAME	Susan Masters				
STREET ADDRESS	319 LOUIS EDWARD COURT			2.3 STREET ADDRESS	7217 Hileman Drive				
CITY-ST-ZIP	LAKE LAND FL			2.4 CITY-ST-ZIP	Lakeland, FL 33809				
TITLE	TD	<input type="checkbox"/>	DELETE	3.1 TITLE	Treasurer	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	LEHNER, JIM			3.2 NAME	Paul A. West				
STREET ADDRESS	735 CEDAR KNOLL DR. N.			3.3 STREET ADDRESS	319 Louis Edward Ct.				
CITY-ST-ZIP	LAKE LAND FL 33809			3.4 CITY-ST-ZIP	Lakeland, FL 33809				
TITLE	VD	<input type="checkbox"/>	DELETE	4.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	RICE, DON			4.2 NAME					
STREET ADDRESS	4843 ANGUS ROAD			4.3 STREET ADDRESS					
CITY-ST-ZIP	POLK CITY FL			4.4 CITY-ST-ZIP	900001735579				
TITLE		<input type="checkbox"/>	DELETE	5.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME				5.2 NAME	-03/07/96--01058--020				
STREET ADDRESS				5.3 STREET ADDRESS	***61.25				
CITY-ST-ZIP				5.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/>	DELETE	6.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET ADDRESS					
CITY-ST-ZIP				6.4 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Debi W. West* DATE: 2/28/96 DAYTIME PHONE #: 941-853-7038

CR2E037 (12/95)