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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 702272 (6)

1. Corporation Name  
NORTH LAKELAND LITTLE LEAGUE, INC.



Principal Place of Business: 7044 GREEN RD LAKELAND FL 33809 US  
Mailing Address: 7044 GREEN RD LAKELAND FL 33810-2111 US

3. Date Incorporated or Qualified: 04/13/1961  
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

4. FEI Number: 59-3178211  
Applied For: Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
WEST, DEBI W  
319 LOUIS EDWARD COURT  
LAKELAND FL 33809

10. Name and Address of New Registered Agent  
81 Name: Brad Fox  
82 Street Address (P.O. Box Number is not Acceptable): 5712 Lake Breeze Ave  
83  
84 City: Lakeland FL 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: [Signatures] DATE: 2/24/97

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD WEST, DEBI W; SD MASTERS, SUSAN; TD WEST, PAUL A; VD RICE, DON; VD [blank]; VD [blank].

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP. Rows include PD Brad Fox; SD Frank Howell; TD Jim Lehman; VD Chester Trump; VD Joe Quigley.

14. I do 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] DATE: 2/1/97 841-687-1341

CR2E037 (9/96)