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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **730427** (2)

1. Corporation Name

FLORIDA AMATEUR SOFTBALL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**180 GOVERNMENTAL CENTER
P.O. BOX 12910
PENSACOLA FL 32521**

**180 GOVERNMENTAL CENTER
P.O. BOX 12910
PENSACOLA FL 32521**

3. Date Incorporated or Qualified

08/13/1974

4. FEI Number

59-2376381

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VICKREY, WILLIAM J.
180 GOVERNMENTAL CENTER
PENSACOLA FL 32501**

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 **D** ☐ DELETE
NAME **CLARKSON, BETSY**
STREET ADDRESS **901 POPE ROAD**
CITY-ST-ZIP **ST. AUGUSTINE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **VICKREY, WILLIAM J**
STREET ADDRESS **180 GOVERNMENTAL CENTER**
CITY-ST-ZIP **PENSACOLA, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DP** ☒ DELETE
NAME **PARISE, DAVID**
STREET ADDRESS **9525 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **SUNRISE FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Stevenson, Dennis**
3.3 STREET ADDRESS **226 Cypress Lane**
3.4 CITY-ST-ZIP **Lake Worth, FL**

TITLE **D** ☐ DELETE
NAME **TROUSDELL, RANDY**
STREET ADDRESS **912 MYERS PARK RD**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

4.1 TITLE **DP** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HUBBARD, RICHARD**
STREET ADDRESS **5502 33RD AVENUE DRIVE WEST**
CITY-ST-ZIP **BRADENTON FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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: *William J. Vickrey* William J. Vickrey 1/22/98 (850) 435-1770

CR2E037 (10/97)