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CORPORATION ANNUAL REPORT **1995**

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

FILED
JAN 20 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 736298 (1)

1. Corporation Name

WEST PASCO GIRLS' SOFTBALL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
800 MADISON ST., N. PO BOX 1452 NEW PORT RICHEY FL 34656-8452	800 MADISON ST., N. PO BOX 1452 NEW PORT RICHEY FL 34656-8452

3. Date Incorporated or Qualified: 07/07/1976
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2228828 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CASSIDY, CHRIS
8550 BETTY ST
PT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: Stephen A. Simon
82 Street Address (P.O. Box Number is Not Acceptable): 7215 Hummingbird Lane
83
84 City: New Port Richey FL 85 Zip Code: 34655

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Stephen A. Simon Stephen A. Simon 1/14/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POWELL, BILL 5626 QUIST DR. PT. RICHEY FL 34668	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ETTEL, TERRY 4502 ONTARIO DR. NEW PORT RICHEY FL 34652	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition V.P./Director Robert Blankenship 9311 Star Trail New Port Richey, FL. 34654
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILLIAMS, VICKY 6821 OLD DECUBELLIS CT. NEW PORT RICHEY FL 34654	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CASSIDY, CHRIS 8550 BETTY ST PT RICHEY FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition Treas./Director STEPHEN A. Simon 7215 Hummingbird Lane New Port Richey FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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 Powell William J Powell 1-14-95 847-7530
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0067631