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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34656-1452

3. Date Incorporated or Qualified: 07/07/1976
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26: P.O. BOX 1452

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28: NEW PORT RICHEY, FL

Zip — 24
Country — 25: Pasco
Zip — 29: 34656-1452
Country — 30: PASCO

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

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

9. Name and Address of Current Registered Agent

SIMON, STEPHEN A
7215 HUMMINGBIRD LANE
NEWPORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name: Kimberly L. Bertling
82 Street Address (P.O. Box Number Is Not Acceptable): 11500 Wild Cat Ln.
83
84 City: New Port Richey **FL** 85 Zip Code: 34654

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: Kimberly L. Bertling · Kimberly L. Bertling 2/25/97
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	PD	☒ DELETE	1.1 TITLE	~~SD~~ PD	☐ Change ☒ Addition
NAME	CASANOVA, ANTHONY		1.2 NAME	Lee, Sue	
STREET ADDRESS	6827 BOTTLEBRUSH DRIVE		1.3 STREET ADDRESS	8635 GUM TREE AVE	
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	VPD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	WILLIAMS, VICKY		2.2 NAME	Ettel, MARY ~~KAY~~	
STREET ADDRESS	6821 OLD DECUBELLIS CT		2.3 STREET ADDRESS	4502 ONTARIO DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652-4814	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, VICKY		3.2 NAME		
STREET ADDRESS	6821 OLD DECUBELLIS CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	SIMON, STEPHEN A.		4.2 NAME	Bertling, Kimberly L.	
STREET ADDRESS	7215 HUMMINGBIRD LANE		4.3 STREET ADDRESS	11500 Wild Cat Ln	
CITY-ST-ZIP	NEWPORT RICHEY FL		4.4 CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MELODY		5.2 NAME		
STREET ADDRESS	5049 CIRCUS LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Kimberly L. Bertling Kimberly L. Bertling 2/25/97 (813) 726-6905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068195