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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	P.O. BOX 1452 PO BOX 1452 NEW PORT RICHEY FL 34656-1452 US

3. Date Incorporated or Qualified: 07/07/1976

4. FEI Number: 59-2228828 ☐ Applied For ☐ Not Applicable

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 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BERTLING, KIMBERLY
11500 WILD CAT LN
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LEE, SUE		1.2 NAME	VINCI, MARK	
STREET ADDRESS	8335 GUM TREE AVE		1.3 STREET ADDRESS	7510 Turtle Brook Ln	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ETTEL, MARY		2.2 NAME	WILLIAMS, VICKY	
STREET ADDRESS	4502 ONTARIO DR		2.3 STREET ADDRESS	6821 OLD DECUBELLIS CT	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	S	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	WILLIAMS, VICKY		3.2 NAME	VINCI, CHRIS	
STREET ADDRESS	6821 OLD DECUBELLIS CT.		3.3 STREET ADDRESS	7510 Turtle Brook Ln	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		3.4 CITY-ST-ZIP	New Port Richey FL 34655	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERTLING, KIMBERLY		4.2 NAME		
STREET ADDRESS	11500 WILD CAT LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	JOHNSON, MELODY		5.2 NAME	PAZOUREK, KEVIN P	
STREET ADDRESS	5049 CIRCUS LANE		5.3 STREET ADDRESS	7916 PUTNAM CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
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 (10/97)

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: Melody Johnson/REQUIRED 1-21-98 813 3720901