

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743236 (2)
1. Corporation Name
FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC.



Principal Place of Business
**7480 DANA LIN CIRCLE
NORTH FT. MYERS FL 33917
US**

Mailing Address
**7480 DANA LIN CIRCLE
NORTH FT. MYERS FL 33917
US**

3. Date Incorporated or Qualified
06/13/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Country	29	Country				
25		30					

9. Name and Address of Current Registered Agent

**DOTY, ROGER
7480 DANA LIN CIRCLE
NORTH FT. MYERS FL 33917**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LAWHON, DONNIE	
STREET ADDRESS	12324 WOODROSE CT #3	
CITY - ST - ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHACONAS, THEODORE M	
STREET ADDRESS	1201 SE 21ST LANE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOTY, ROGER	
STREET ADDRESS	7480 DANA LIN CIRCLE	
CITY - ST - ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERDENHALVEN, RICHARD	
STREET ADDRESS	129 BAEZ CT	
CITY - ST - ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CECCHINI, PETER J	
STREET ADDRESS	1728 W CORAL TERRACE	
CITY - ST - ZIP	NO FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHERSON, SHERWOOD N	
STREET ADDRESS	3527 SW 5TH PLACE	
CITY - ST - ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GERALD MILLER	
1.3 STREET ADDRESS	1831 S.E. 26TH TERR	
1.4 CITY - ST - ZIP	CAPE CORAL FL 33904	
2.1 TITLE	EXEC. VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSEPH GREEN	
2.3 STREET ADDRESS	1429 SE 34TH TERR.	
2.4 CITY - ST - ZIP	CAPE CORAL FL 33904	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NICK EVANGELISTA	
4.3 STREET ADDRESS	422 S.W. 20TH ST	
4.4 CITY - ST - ZIP	CAPE CORAL FL 33991	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LARRY SCHILLER	
5.3 STREET ADDRESS	17501 OSPREY INLET	
5.4 CITY - ST - ZIP	FORT MYERS FL 33908	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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: Roger Doty **ROGER DOTY** **4/11/96 (941) 543-2280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2E037 (12/95)