FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90048 002 ****61.25

1. Corporation	MENT # NO3857 on Name E BASEBALL ASSOCIATION				_				
Principal Plac	ce of Business	Mailing Address							
P.O. BOX 523 WINTER PARK US	8 (FL 32793-5238	P.O. BOX 5238 Winter Park FL 32793-5238 US							
2. Principal I	Place of Business	2a. Mailing Address			Date Incorporated or Qualifed 06/22/1984				
Suite, Apt	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For			
City & Sta	ate	City & State			59-2504131 5. Certificate of Status Desired □	\$8.75 Additional Fee Required			
Zip -	Zip - Country - Zip			٠	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
	9. Name and Address of Curre	29 30 ent Registered Agent	<u>′</u>		10. Name and Address of New Registers	d Agent			
3966 LAK	RICHARD F (E MIRA DR D FL 32817		81 82 83	Name Street A	Address (P.O. Box Number is Not Acceptable)				
			84	City	F	85 Zip Code			
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was auth	iorized by	the corpo	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	of changing its registered pointment as registered			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: Re		nt signature re	quired when reinstating) DATE				
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS				
TITLE	PD	DELETE	1.1 TITLE		Formass V. David	Change			
NAME	SUALLITA, FRANK		1.2 NAME	ŀ	12116 Clementine W	41/			
STREET ADDRES				TADDRESS	A 1 / 21 2000	* /			
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-S	T-ZIP	Orlando, FL 328/9	☐ Change ☐ Addit			
TITLE	DV	☐ DELETE	2.1 TITLE		•	□ Cusude □ Vagur			
1	WAN DUZED OFODOE		22 AIAME	ì					

office or r agent. I a	egistered agent, or both, in the State of Florida. Such c m familiar with, and accept the obligations of, Section 6	nange was autri 17.0503, Florida	Statutes.	Diadoit's Doard of C	illectors. Thereby ac	copi dio appoint	nom ao rogi	Diolog
SIGNATURE						DATE		
10	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature i	equired when reinstating) ADDITIO	ONS/CHANGES TO		DIRECTOR	RS IN 12
12.	OFFICERS AND DIRECTORS	DELETE	1.1 TITLE	PD	31107011111102010		Change	☐ Addition
TITLE	רט	Detere		Fenness	W Day	<i>'</i>		
NAME	SCALETTA, FRANK		1.2 NAME	renness	X July			
STREET ADDRESS	8228 ROSE GROVES RD		1.3 STREET ADDRESS	77/6	re men ci	he way		
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-ST-ZIP	Orland	o, FL 32	1879		
TITLE	DV	_ DELETE	2.1 TITLE		•	l] Change	Addition
NAME	VAN DUZER, GEORGE	1	2.2 NAME					
STREET ADDRESS	1021-23 LOCH VAIL		2.3 STREET ADDRESS					
CITY-ST-ZIP	APOPKA FL 32712	,	2. 4 CITY-ST-ZIP				_ _	
TITLE	SD	DELETE	3.1 TITLE	SD	_	•	Change	Addition
NAME	HILL, GLEN		3.2 NAME	Gentle	man, Graberlin 1	2 G		
STREET ADDRESS	104 LOCHINVAR DR		3.3 STREET ADDRESS	3225 0	berlin	9 Ve		
CITY-ST-ZIP	CASSELBERRY FL 32730		3.4. C(TY-ST-ZIP	OFTand	0 , FL 31	<u> </u>		
MIE.	TD	□ OELETE - "	4.1 TITLE		,, , , , , , , , , , , , , , , , , , ,	•	_] Change	Addition
NAME	DEHLER, RICHARD F		4. 2 NAME					
STREET ADDRESS	3966 LAKE MIRA DR		4.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32817		4.4 CITY-ST-ZIP					
TITLE	D	DELETE	5.1 TITLE				Change	☐ Addition
NAME	NEWSHUTZ, KEN		5.2 NAME					
STREET ADDRESS	l		5.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32809		5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE			l	Change	Addition Addition
NAME	ELLINGTON, JAMES		6.2 NAME					
STREET ADDRESS	7107 AMETHYST LN		6.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32807		6.4 CITY-ST-ZIP		TOWN Florida Chabre		45 1	

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 composition 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 chapted, or on an attachment with an address with all other like empowered.

SIGNATURE:

Applied For Not Applicable \$8.75 Additional