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NONPROFIT · CORPORATION ANNUAL REPORT

1999

DOCUMENT # N06594

WILTON MANORS BASEBALL, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90023 007 ****61.25

Principal Place of Business Mailing Address										
1809 CORAL GARDENS DR 1825 NORTH EAST 27 DR								(A) \$1AH DIS	! 6 } 6 6 }6 3 }7	
	IORS FL 33306	WILTO	ON MANORS FL 3330	16						
US							I INDIVIDUAL DEL BREIS BEISE BLIVE I DELIC	INI ALNII 2 50	17 010 31 01011 010	
_										
2. Principal	Place of Business	_	2a. Mailing Address				3. Date Incorporated or Qualified			
21			26				12/12/1984			
Suite, Apt	t. #, etc.	—	Suite, Apt. #, etc.				4. FEI Number E0-2490E 12		 	olied For
22			27				59-2488512			Applicable
City & State			City & State				5. Certifcate of Status Desired		\$8.75 A	
23		28							Fee Re	•
Zip					untry		6. Election Campaign Financing		\$5.00	•
24	25	29		30			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Curren	t Register	ed Agent		04		10. Name and Address of New Re	gistered	Agent	
					81	Name				
NEWTON	I, DONALD S JR				82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
	27TH DR				Ш		•	-		
WILTON	MANORS FL 33306				83		•			
					84	City			85 Zip C	ode
					**	City		FL	183 200	/
11. Pursuan	t to the provisions of Sections 617.050	2 and 617.	1508, Florida Statute	s, the a	bove	-named corp	oration submits this statement for the p	urpose of	changing its	registered
office or	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida.	Such change was a action 617 0503 Flor	uthorized	d by 1	the corporation	on's board of directors. I hereby accept	the appoi	itment as rec	istered
agent. i	am ramiliar with, and accept the ooliga-	aous oi, se	(Caon 617.0303, F10	ilua Stat	u. 0 3.		·		.,,	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if an	olicable. (NOTE:	Registered	Agent	t signature require	d when reinstating)	DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 TI	TLE		1		☐ Change	Addition
NAME	NEWTON, DONALD S JR			1.2 N	AME	ŀ	*			
STREET ADDRESS	4005 MODEL 5105 05 05			135	REET	ADDRESS	•			
	WILTON MANORS FL 33306		1.4 CI							
CITY-ST-ZIP TITLE			DELETE	2.1 TI		-219			Change	Addition
	VD		CJ OLLETE						cridings	
NAME	COONEY, PAT			2.2 N			·			
STREET ADDRESS		,		2.3 S	REET	ADDRESS				
CITY-ST-ZIP	WILTON MANORS FL 33311			_	ITY-S	T-ZIP				
TITLE	VD		☐ DELETE	3.1 TI	TLE				Change	Addition
NAME	GARCIA, VICTORIA			3.2 N	AME					
STREET ADDRESS	s 2930 NORTH WEST 5TH AVE			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	WILTON MANORS FL 33311			3.4. C	ITY-S1	T-ZIP	•			
TITLE	SD		DELETE	4.1 Π	TLE				☐ Change	Addition
NAME	COONEY, JAN			4. 2 N	AME				,	
	s 656 NW 21ST ST									
CITY-ST-ZIP				4.3 S	REET	ADDRESS				:
TITLE	1 -22									• .
NAME	WILTON MANORS FL 33311		DELETE		TY-\$T				☐ Change	Addition
	1 -22	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.4 CI 5.1 TI	TY-ST				Change	☐ Addition
	WILTON MANORS FL 33311		☐ DELETE	4.4 CI 5.1 TI 5.2 N	TY-ST TLE AME	-ZIP			Change	☐ Addition
STREET ADDRESS	WILTON MANORS FL 33311		☐ DELETE	4.4 CI 5.1 TI 5.2 NJ 5.3 S	TY-ST TLE AME TREET	-ZIP ADORESS			☐ Change	☐ Addition
STREET ADDRESS	WILTON MANORS FL 33311			4.4 CI 5.1 TI 5.2 No 5.3 S ² 5.4 CI	TY-ST TLE AME TREET	-ZIP ADORESS				-
STREET ADDRESS	WILTON MANORS FL 33311		☐ DELETE	4.4 CI 5.1 TI 5.2 NJ 5.3 S	TY-ST TLE AME TREET TY-ST	-ZIP ADORESS			☐ Change	Addition

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 attackment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

954-566-2537