

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 # N09260 (3)

1. Corporation Name
PALM BAY YOUTH SOFTBALL ASSOCIATION INC.



Principal Place of Business
**LYNBROOK ST. NW
P.O. BOX 060884
PALM BAY FL 32905
US**

Mailing Address
**P.O. BOX 060884
P.O. BOX 884
PALM BAY FL 32905
US**

3. Date Incorporated or Qualified **05/13/1985** 3a. Date of Last Report **08/25/1995**

2. Principal Place of Business
21 **695 LYNBROOK ST. NW** 2a. Mailing Address
26 **2155 PALM BAY RD NE**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.
27 **# 6-16**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 **Palm Bay, FL** 28 **Palm Bay FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 **32907** 25 **USA** 29 ~~32905~~ 30 **USA**

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

9. Name and Address of Current Registered Agent
**WALSH, DONNA S
405 SAN PEDRO AVE., SW
PALM BAY FL 32908**

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 *Donna S. Walsh* **DONNA S. WALSH, TREASURER 3/1/96**
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 | GOELZ, MARY | |
| STREET ADDRESS | 1525 NONA ST. NE | |
| CITY-ST-ZIP | PALM BAY FL 32907 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | LIES, JEFF | |
| STREET ADDRESS | 141 AQUARIUS AVE. SE | |
| CITY-ST-ZIP | PALM BAY FL 32907 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | WARGO, TERRO | |
| STREET ADDRESS | 750 MONTCLAIR RD. NE | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | WALSH, DONNA | |
| STREET ADDRESS | 405 SAN PEDRO AVE. SW | |
| CITY-ST-ZIP | PALM BAY FL 32908 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BEEGLE, SEAN | |
| STREET ADDRESS | 1814 TAMWORTH ST. NW | |
| CITY-ST-ZIP | PALM BAY FL 32907 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ASCHENBACK, RICCI | |
| STREET ADDRESS | 515 ROSEWOOD COURT, APT. 4A | |
| CITY-ST-ZIP | INDIAN HARBOR BEACH FL 32937 | |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | WARGO, TERRI |
| 3.3 STREET ADDRESS | 750 MONTCLAIR RD. NE |
| 3.4 CITY-ST-ZIP | PALM BAY, FL 32905 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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: *Donna S. Walsh* **DONNA S. WALSH TREASURER 3/1/96**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

407-951-5584

CR2E037 (12/95)