

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 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 # **N09260** (3)

1. Corporation Name

PALM BAY YOUTH SOFTBALL ASSOCIATION INC.

Principal Place of Business

Mailing Address

**695 LYNBROOK ST. NW
PALM BAY FL 32907
US**

**2155 PALM BAY RD. NE
#6-16
PALM BAY FL 32905
US**



3. Date Incorporated or Qualified

05/13/1985

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOELZ, MARY
1525 NONA ST. N.E.
PALM BAY FL 32907**

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

Mary T. Goelz

MARY T. GOELZ

4-16-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
GOELZ, MARY
STREET ADDRESS **1525 NONA ST. NE**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ DELETE

NAME **V**
KANDIKO, CARL
STREET ADDRESS **426 PORT MALABAR BLVD., N.E.**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☒ DELETE

NAME **S**
HOISTEN, SUE
STREET ADDRESS **545 NACKMAN RD. N.W.**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ DELETE

NAME **T**
LIES, JEFF
STREET ADDRESS **141 AQUARIUS AVE., S.E.**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☒ DELETE

NAME **D**
BEEGLE, SEAN
STREET ADDRESS **1814 TAMWORTH ST. NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ DELETE

NAME **D**
GIBBONS, ALISHA
STREET ADDRESS **728 ALFORD ST., S.E.**
CITY-ST-ZIP **PALM BAY FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ 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 attachment with an address.

SIGNATURE:

Mary T. Goelz

4-16-98

407-729-4805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)