FILE NOW: FILING FEE IS \$61.25

May 05 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)N18010 MANATEE GIRLS SOFTBALL, INC. Principal Place of Business Mailing Address P.O. BOX 14237 P.O. BOX 14237 3. Date Incorporated or Qualified **BRADENTON FL 34205 BRADENTON FL 34205** 12/01/1986 4. FEI Number Applied For 59-2754106 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 Ζip Country Country 8. This corporation owes or has paid the current year intangible Yes Personal Property Tax due June 30. 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOYLE, D. ROBERT 82 Street Address (P.O. Box Number is Not Acceptable) 2401 MANATEE AVENUE WEST 83 **BRADENTON FL 34205** City 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change Addition 1.1 TITLE KINGSTON, SHARON NAME 12 NAME 3802 54TH STREET W., UNIT D-1 STREET ADDRESS 1.3 STREET ADDRESS BRADENTON FL 34209 CITY-ST-ZW 1.4 City-st-zip DELETE Change Addition TITLE 2.1 TITLE ANDERSON, ANGIE NAME 2.2 NAME 5203 12TH AVE. DR. W. STREET ADDRESS 2.3 STREET ADDRESS BRADENTON FL 34205 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE KING. BETH NAME 32 NAME 416 40TH ST. CRT. N.W. STREET ADDRESS 3.3 STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME VANCOTT, MONA 4.2 NAME 6224 COLUMBIA DRIVE STREET ADDRESS 4.3 STREET ADDRESS BRADENTON FL 34207 CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 record 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 porporation or the occaving the empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address.

SIGNATURE:

42.198 941-748-8778

SIGNATURE:

FILED