

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northern
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:14

DOCUMENT # **N22116** (0)
1. Corporation Name
SAY BASEBALL OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
PO BOX 561556 ORLANDO FL 32856-1556 US **PO BOX 561556 ORLANDO FL 32856-1556 US**

3. Date Incorporated or Qualified **08/19/1987** 3a. Date of Last Report **04/01/1994**
4. FEI Number **59-3040163** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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
**GERMANOS, KARLA
4455 TIDEWATER DR.
ORLANDO FL 32812**

10. Name and Address of New Registered Agent
81 Name **William Herring**
82 Street Address (P.O. Box Number is Not Acceptable) **3132 Grange Court**
83
84 City **Orlando** FL 85 Zip Code **32806**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE William H. Herring DATE 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GERMANOS, KARLA
STREET ADDRESS	4455 TIDEWATER DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VP/DV
NAME	BLAIR, DAN
STREET ADDRESS	8523 LYONIA DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	TDI
NAME	HADLEY, DONNA
STREET ADDRESS	3828 GOOSE COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	DS
NAME	HAYDEN, PAM
STREET ADDRESS	1002 ROYALTON RD.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Herring	
1.3 STREET ADDRESS	3132 Grange Court	
1.4 CITY - ST - ZIP	Orlando FL 32806	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Paula Bayer	
4.3 STREET ADDRESS	3210 Winona Drive	
4.4 CITY - ST - ZIP	Orlando FL 32812	
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		

REMITTED BY MAY 1

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 110.07(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: William H. Herring DATE: 5/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR