

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N22116

(0)

1. Corporation Name

SAY BASEBALL OF CENTRAL FLORIDA, INC.



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

4. FEI Number

59-3040163

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVE MIGETZ  
3339 GLEN VILLAGE CT.  
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

Dave Migetz

82 Street Address (P.O. Box Number is Not Acceptable)

3685 Gatlin Place Cir

83

84 City

Orlando

FL

85 Zip Code  
32812

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

*David E. Migetz*

(NOTE: Registered Agent signature required when reinstating)

7/21/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME DAVE MIGETZ  
STREET ADDRESS 3339 GLEN VILLAGE CT.  
CITY-ST-ZIP ORLANDO FL

TITLE DV ☐ DELETE

NAME STEVE BRENNAN  
STREET ADDRESS 5230 CHISWICK CIR  
CITY-ST-ZIP ORLANDO FL

TITLE DT ☒ DELETE

NAME GUS REEVES  
STREET ADDRESS 5324 ROCK BOURNE CT.  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME MIKE DONACHIE  
STREET ADDRESS 3807 JANIE CT  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Dave Migetz  
1.3 STREET ADDRESS 3685 Gatlin Place Cir  
1.4 CITY-ST-ZIP Orlando, FL 32812

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DT ☐ Change ☒ Addition

3.2 NAME John M. Neusaenger  
3.3 STREET ADDRESS 3741 Gatlin Place Cir  
3.4 CITY-ST-ZIP Orlando, FL 32812

4.1 TITLE DS ☐ Change ☒ Addition

4.2 NAME Stacy Searles  
4.3 STREET ADDRESS 8222 Sumpter Ct  
4.4 CITY-ST-ZIP Orlando, FL 32822

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *David E. Migetz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-98

Date

407-282-0006

Daytime Phone #

CR2E037 (5/98)

0002960