

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 # **N31236 (5)**
1. Corporation Name
METRO ORLANDO AMATEUR SOFTBALL ASSOCIATION, INC.



Principal Place of Business: 2306 MUSSELWHITE AVENUE, ORLANDO FL 32804
Mailing Address: 2306 MUSSELWHITE AVENUE, ORLANDO FL 32804

3. Date Incorporated or Qualified: 03/17/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Fran Carlton Center, Suite, Apt. #, etc. 11 N. Forest Avenue, Apopka, FL 32703
2a. Mailing Address: 26 Suite, Apt. #, etc. P.O. Box 94830 5, Maitland, FL 32794
23 City & State: Apopka, FL
24 Zip: 32703, 25 Country: USA
27 City & State: Maitland, FL
28 Zip: 32794, 29 Country: USA

9. Name and Address of Current Registered Agent: MILLER, LEO, 2306 MUSSELWHITE AVE, ORLANDO FL 32804
10. Name and Address of New Registered Agent: 81 Name: Mr. Tony Galloway, 82 Street Address (P.O. Box Number is Not Acceptable): 179 Hill Street, 84 City: Casselberry, FL, 85 Zip Code: 32707

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: *Tony Galloway - COMMISSIONER* DATE: 4/4/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MILLER, LEO		1.2 NAME: Mark Martin	
STREET ADDRESS: 649 LIVINGSTON ST		1.3 STREET ADDRESS: 1947 Excalibur Drive	
CITY-ST-ZIP: ORLANDO FL		1.4 CITY-ST-ZIP: Orlando, FL 32822	
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ANGY, BARBARA		2.2 NAME:	
STREET ADDRESS: 6347 MEADOW RIDGE LANE		2.3 STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL		2.4 CITY-ST-ZIP:	
TITLE: PD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HULTIN, MARC		3.2 NAME:	
STREET ADDRESS: 27 E YALE ST		3.3 STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL		3.4 CITY-ST-ZIP:	
TITLE: VPD	<input type="checkbox"/> DELETE	4.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CORY, CLARKE		4.2 NAME: Clarke, Cory	
STREET ADDRESS: 400 ALEXANDRIA BLVD.		4.3 STREET ADDRESS: 400 Alexandria Blvd.	
CITY-ST-ZIP: OVIEDO FL 32765		4.4 CITY-ST-ZIP: Oviedo, FL 32765	
TITLE: DVC	<input type="checkbox"/> DELETE	5.1 TITLE: DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GALLOWAY, TONY		5.2 NAME: Galloway, Tony	
STREET ADDRESS: 179 HILL ST.		5.3 STREET ADDRESS: 179 Hill Street	
CITY-ST-ZIP: CASSELBERRY FL 32707		5.4 CITY-ST-ZIP: Casselberry, FL 32707	
TITLE: DT	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OWEN, TERRI		6.2 NAME:	
STREET ADDRESS: 11 N. FOREST AVE.		6.3 STREET ADDRESS:	
CITY-ST-ZIP: APOPKA FL 32703		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: *Tony Galloway* DATE: 1/16/96 DAYTIME PHONE #: 407-418-5623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)