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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31236**

1. Corporation Name

METRO ORLANDO AMATEUR SOFTBALL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
METRO ORLANDO USA. ATTN: TONY GALLOWAY 179 HILL STREET CASSELBERRY FL 32707 US	P.O. BOX 948305 MAITLAND FL 32794-8305 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/17/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3052377 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GALLOWAY, TONY 179 HILL STREET CASSELBERRY FL 32707	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 _____ DATE 4/30/99
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	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, MARK		1.2 NAME		
STREET ADDRESS	1947 EXCALIBUR DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELLINGSWORTH, WALTER J		2.2 NAME		
STREET ADDRESS	501 SPRINGVIEW DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HULTIN, MARC		3.2 NAME		
STREET ADDRESS	1720 TERA ALTA		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		3.4. CITY-ST-ZIP		
TITLE	PE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GASPARINI, JOE		4. 2 NAME		
STREET ADDRESS	264 W. WORTH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		4.4 CITY-ST-ZIP		
TITLE	DPC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GALLOWAY, TONY		5.2 NAME		
STREET ADDRESS	179 HILL STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		5.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MCCRAINE, LESLIE		6.2 NAME	LESLIE MCCRANIE	
STREET ADDRESS	1718 WILLA CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		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)(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, with all other like empowered.

SIGNATURE: _____ **REQUIRED** Leslie A. McCranie 4/30/99 407-855-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)