

FILE NOW: FILING FEE IS \$61.25

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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34661 (1)
1. Corporation Name
FLORIDA STATE HORSESHOE PITCHERS ASSOCIATION, IN C.



Principal Place of Business %RICHARD H. WARREN 1848 CRAYTON ROAD NAPLES FL 33940-5003	Mailing Address %RICHARD H. WARREN 1848 CRAYTON ROAD NAPLES FL 34102-5003
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3. Date Incorporated or Qualified 10/12/1989	3a. Date of Last Report 02/13/1996
4. FEI Number 59-2306520	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 34102-5003	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 34102-5003
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9. Name and Address of Current Registered Agent
**WARREN, RICHARD H
1848 CRAYTON RD
NAPLES FL ~~33940-5003~~
34102-5003**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MICHALEK, JERRY	
STREET ADDRESS	2400 LITTLE JOHN CT.	
CITY-ST-ZIP	COCOA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GASEAU, NORMAN	
STREET ADDRESS	1908 NUGGET DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PELKEY, JAMES	
STREET ADDRESS	1833 SUNNY DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, LOIS	
STREET ADDRESS	1175 STEWART DR.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SENGER, EDWARD	
STREET ADDRESS	1204 SAN DOMINGO CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRUBB, MARVIN E	
STREET ADDRESS	4540 OSCEOLA RD	
CITY-ST-ZIP	TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD RANDALL, JERRY
2.3 STREET ADDRESS	4960 E ARBOR ST
2.4 CITY-ST-ZIP	INVERNESS FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD ROOP, WILLIAM
3.3 STREET ADDRESS	P O BOX 7 (N/A)
3.4 CITY-ST-ZIP	LADY LAKE FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD PEPLINSKI, JOHN
5.3 STREET ADDRESS	1516 HAYWORTH CR NW
5.4 CITY-ST-ZIP	PALM BAY FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Richard H Warren **RICHARD H WARREN** 01-30-97 941-261-5197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056814

CR2E037 (9/96)

FLORIDA STATE HORSESHOE PITCHERS ASSOCIATION, INC.
DOCUMENT # N34661

12. OFFICERS AND DIRECTORS

TITLE	PP/D
NAME	WARREN, RICHARD H
STREET ADD.	1848 CRAYTON RD
CITY-ST-ZIP	NAPLES FL 34102-5003