

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 5-1-96

8-5892-0

DOCUMENT # N92000000693 (3)

1. Corporation Name

BLAZERS SOFTBALL TEAM, INC.



Principal Place of Business

Mailing Address

4624 CITY CENTER DRIVE  
PORT ORANGE FL 32119  
US

C/O DOC'S BATTING CAGES  
4624 CITY CENTER DRIVE  
PT ORANGE FL 32119  
US

3. Date Incorporated or Qualified  
12/07/1992

3a. Date of Last Report  
07/07/1995

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

4. FEI Number  
59-3177526

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GINERAS, FRANK E JR  
5085 S RIDGEWOOD AVENUE  
PORT ORANGE FL 32127

GINGERAS

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP  
NAME TESCHNER, TED  
STREET ADDRESS 39 SHADOWCREEK WAY  
CITY-ST-ZIP ORMOND BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
S CHERYL HUACK  
2007 S PALMETTO AVE  
SOUTH DAYTONA, FL 32119

TITLE DP  
NAME GINGRAS, FRANK J  
STREET ADDRESS 901 SILVERLEAF PLACE  
CITY-ST-ZIP PORT ORANGE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME PINTER, JACK L  
STREET ADDRESS 1392 N DEXTER DRIVE  
CITY-ST-ZIP PT ORANGE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DTS  
NAME BAYLOR, VIRGINIA  
STREET ADDRESS 827 CHICKADEE DR  
CITY-ST-ZIP PORT ORANGE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
DT BAYLOR, VIRGINIA  
827 CHICKADEE DR  
PORT ORANGE, FL 32127

TITLE D  
NAME WILSON, GAYE LYNN  
STREET ADDRESS 1721 EVERGREEN STREET  
CITY-ST-ZIP ORMOND BEACH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME BAYLOR, CHUCK  
STREET ADDRESS 827 CHICKADEE DRIVE  
CITY-ST-ZIP PT ORANGE FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Virginia S. Baylor, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

904 252-3701

Daytime Phone #

CR2E037 (12/95)