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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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**

4. FEI Number

**59-3177526**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **DP**  
1.3 STREET ADDRESS **Irwin Landau**  
1.4 CITY-ST-ZIP **1450 W. Granada Blvd Suite 1  
Ormond Beach FL**

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **GINERAS, FRANK J**  
CITY-ST-ZIP **901 SILVERLEAF PLACE  
PORT ORANGE FL**

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

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

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

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **GINERAS, KIM**  
CITY-ST-ZIP **5975 HENSEL RD  
PORT ORANGE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **WILES, MARY**  
CITY-ST-ZIP **6248 PALOMINO CIR  
PT ORANGE FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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)(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: *Kim Gineras* **Kim Gineras**

**2/23/98**

**904-267-6694**

CR2E037 (1097)