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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000005714 (8)

1. Corporation Name

FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1119 MEDITATION LOOP
PORT ORANGE FL 32119

1119 MEDITATION LOOP
PORT ORANGE FL 32119-1015

3. Date Incorporated or Qualified 11/04/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3423029
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEETS, JERRY
1119 MEDITATION LOOP
PORT ORANGE FL 32119

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CHAIRMAN	<input type="checkbox"/> DELETE
NAME	SHEETS, JERRY	
STREET ADDRESS	1119 MEDITATION LOOP	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCORMICK, BUD	
STREET ADDRESS	19735 MCCALL RD	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRAUSS, RUDY	
STREET ADDRESS	8502 NW 21ST CT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTELO, RICHARD	
STREET ADDRESS	22198 BUFFALO AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOWNLEY, JOHN	
STREET ADDRESS	913 SE 14TH CT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, BRUCE	
STREET ADDRESS	11121 HARBOUR SPRINGS CIR	
CITY-ST-ZIP	BOCA RATON FL 33428	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Leo Miller	
1.3 STREET ADDRESS	2306 Musselwhite Ave.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32804	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RON FISHKIND	
2.3 STREET ADDRESS	666 SINCLAIR DR.	
2.4 CITY-ST-ZIP	SARASOTA, FL. 34240	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOUG POWELL	
3.3 STREET ADDRESS	25 BLUEBIRD LN.	
3.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GOO LUPO	
4.3 STREET ADDRESS	125 COUNTY VILLAS DR.	
4.4 CITY-ST-ZIP	SAFETY HARBOR, FL. 33572	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *[Signature]* 3/17/97 904-760-0573

CR2E037 (9/96)