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Feb 09 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 # N96000005714 (8)

1. Corporation Name

FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATIO N, INC.



Principal Place of Business

Mailing Address

1119 MEDITATION LOOP
PORT ORANGE FL 32119

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PORT ORANGE FL 32119

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

59-3423029

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 C
NAME SHEETS, JERRY
STREET ADDRESS 1119 MEDITATION LOOP
CITY-ST-ZIP PORT ORANGE FL
 DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
 Change Addition

TITLE D
NAME MCSORMICK, BUD
STREET ADDRESS 19735 MCCALL RD
CITY-ST-ZIP ALTOONA FL 32702
 DELETE

2.1 TITLE V
2.2 NAME Robt. Haleukamp
2.3 STREET ADDRESS 2331 Willow Tree Trail
2.4 CITY-ST-ZIP CLEARWATER, FL 33763
 Change Addition

TITLE D
NAME STRAUSS, RUDY
STREET ADDRESS 8502 NW 21ST CT
CITY-ST-ZIP SUNRISE FL 33322
 DELETE

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

TITLE D
NAME SANTELLO, RICHARD
STREET ADDRESS 22198 BUFFALO AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952
 DELETE

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

TITLE D
NAME TOWNLEY, JOHN
STREET ADDRESS 913 SE 14TH CT
CITY-ST-ZIP DEERFIELD BEACH FL 33441
 DELETE

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

TITLE D
NAME FISHER, BRUCE
STREET ADDRESS 11121 HARBOUR SPRINGS CIR
CITY-ST-ZIP BOCA RATON FL 33428
 DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Jerry SHEETS 1/19/98 904-760-0573

CR2E037 (10/97)