


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005053 (0)
 1. Corporation Name
DOT RICHARDSON SOFTBALL ASSOCIATION OF ALTAMONTE SPRINGS, INC.



Principal Place of Business 731 VASSAR STREET ORLANDO FL 32804	Mailing Address 731 VASSAR STREET ORLANDO FL 32804
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3. Date Incorporated or Qualified
09/08/1997

4. FEI Number
59-3470283

Applied For	Not Applicable
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2. Principal Place of Business
 21 26 Mailing Address

Suite, Apt. #, etc.
 22 27 Suite, Apt. #, etc.

City & State
 23 28 City & State

Zip Country
 24 25 Country 29 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
**RICHARDSON, ALONZO C
 731 VASSAR STREET
 ORLANDO FL 32804**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, ALONZO C	1.2 NAME	
STREET ADDRESS	3 INTERLAKEN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, LESLIE	2.2 NAME	
STREET ADDRESS	3 INTERLAKEN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSADY, JOHN	3.2 NAME	
STREET ADDRESS	4042 CONWAY PLACE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSADY, GINA	4.2 NAME	
STREET ADDRESS	4042 CONWAY PLACE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZIER, LAURIE	5.2 NAME	
STREET ADDRESS	3898 CARNABY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEACHRON, SCOTT	6.2 NAME	
STREET ADDRESS	2132 MOHAWK TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	MATLAND FL 32751	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: Leslie Richardson 4-28-98 (407) 316-0130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)