

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N06594** (8)

1. Corporation Name

WILTON MANORS BASEBALL, INC.



Principal Place of Business

Mailing Address

1809 CORAL GARDENS DR
~~1700 N.E. 28TH DRIVE~~
WILTON MANORS FL 33306
US

1809 CORAL GARDENS DR
~~1700 N.E. 28TH DRIVE~~
WILTON MANORS FL 33306
US

3. Date Incorporated or Qualified

12/12/1984

3a. Date of Last Report

05/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **1809 Coral Gardens Drive**

28 **1809 Coral Gardens Drive**

4. FEI Number

59-2488512

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

FRENCH, ROB
1809 CORAL GARDENS DR
WILTON MANORS FL 33305

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

TITLE ☐ DELETE

NAME **PD**
FRENCH, ROB
STREET ADDRESS **1809 CORAL GARDENS DR**
CITY - ST - ZIP **WILTON MANORS FL**

TITLE ☐ DELETE

NAME **VD**
MITZEL, CHARLIE
STREET ADDRESS **817 N.W. 28TH STREET**
CITY - ST - ZIP **WILTON MANORS FL**

TITLE ☐ DELETE

NAME **TD**
LANCASTER, ARLENE
STREET ADDRESS **2209 NW 2ND AVE**
CITY - ST - ZIP **WILTON MANORS FL**

TITLE ☐ DELETE

NAME **SD**
PEAL, VICKI
STREET ADDRESS **2000 CORAL GDS DR**
CITY - ST - ZIP **WILTON MANORS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0009553

CR2E037 (3/96)