

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 06, 1999 8:00 am  
Secretary of State

07-06-1999 90011 016 \*\*\*\*61.25

DOCUMENT # 758710

1. Corporation Name

DUNEDIN SLOWPITCH SOFTBALL ASSOCIATION, INC.

Principal Place of Business

1388 COTTONWOOD TERR  
DUNEDIN FL 34698

Mailing Address

1388 COTTONWOOD TERR  
DUNEDIN FL 34698



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/10/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2228947	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JACK BRANENBAUGH 1388 COTTONWOOD TERRACE DUNEDIN FL 34698				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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	TS	1.1 TITLE	
NAME	MCCONNELL, LORI	1.2 NAME	
STREET ADDRESS	80 SQUIRE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	RYALS, RICH	2.2 NAME	
STREET ADDRESS	1478 SANTA CLARA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 00000 34698	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	HARDING, GLEN	3.2 NAME	
STREET ADDRESS	2546 ISLANDER CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	LONG, RON	4.2 NAME	
STREET ADDRESS	114 EASTLAKE CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	4.4 CITY-ST-ZIP	
TITLE	CEO	5.1 TITLE	
NAME	BRADENBAUGH, JACK	5.2 NAME	
STREET ADDRESS	1388 COTTONWOOD TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

JACK BRADENBAUGH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/30/99

Daytime Phone #

727-734-4353

CR2E037 (5/99)