FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 704321 (9)

1. Corporation Name
AVON PARK BASEBALL, INC.

Principal Place of Business	Mailing Address
P.O. BXO 1907 AVON PARK FL 33825	P.O. BXO 1907 AVON PARK FL 33825

3. Date Incorporated or Qualified: **07/24/1962**
3a. Date of Last Report: **02/06/1994**
4. FEI Number: **59-2178371** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVIS, LISA C.
85 HILLCREST DR
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
300001491273
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83
84 City *****68.75 *****68.75
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President D	☒ Change ☐ Addition
NAME	JARRETT, WILLIAM	1.2 NAME	John Boren	
STREET ADDRESS	1305 US HWY 27 N	1.3 STREET ADDRESS	PO Box 1907/1040 U.S. Hwy 27 S	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	GREENSLADE, DAVID	2.2 NAME	NONE	
STREET ADDRESS	2212 HARTMAN RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	Secretary D	☒ Change ☐ Addition
NAME	DAVIS, LISA	3.2 NAME	Jeanie Jackson	
STREET ADDRESS	85 HILLCREST DR	3.3 STREET ADDRESS	2937 N. Huron Road	
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE		4.1 TITLE	Treasurer D	☐ Change ☒ Addition
NAME		4.2 NAME	Suzanne Wright	
STREET ADDRESS		4.3 STREET ADDRESS	1519 Lake Lotela Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Avon Park, FL 33825	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 if changed, or on an attachment with an address.

SIGNATURE: Suzanne Wright Suzanne Wright, Treasurer 2/13/95 (813) 453-6112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087550