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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **704321** (9)

1. Corporation Name

AVON PARK BASEBALL, INC.



Principal Place of Business
**P.O. BOX 1907
AVON PARK FL 33825**

Mailing Address
**P.O. BOX 1907
AVON PARK FL 33825**

3. Date Incorporated or Qualified
07/24/1962

4. FEI Number
59-2178371

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**

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

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

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)
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	VD	1.1 TITLE	D PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOREN, JOHN	1.2 NAME	BOREN, JOHN
STREET ADDRESS	1017 US HWY 27 SOUTH	1.3 STREET ADDRESS	1017 U.S. 27 SOUTH
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	PD	2.1 TITLE	D VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINDELL, RICK	2.2 NAME	HESTON, TRACY
STREET ADDRESS	2185 W MYAKKA RD	2.3 STREET ADDRESS	317 TULANE CIRCLE ST
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	TD	3.1 TITLE	D TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JEANINE	3.2 NAME	WRIGHT, TRISHA
STREET ADDRESS	2937 N. HURON ROAD	3.3 STREET ADDRESS	970 LAKE LOTELA DR
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	SD	4.1 TITLE	D SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINDELL, JANET	4.2 NAME	DELUIS, TIM
STREET ADDRESS	2185 W MYAKKA RD	4.3 STREET ADDRESS	321 TULANE CIRCLE ST
CITY-ST-ZIP	AVON PARK FL	4.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 _____

CR2E037 (10/97)