

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:33**

DOCUMENT # 717069 (9)

1. Corporation Name

THE FLORIDA STATE LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

103 E. ORANGE AVE.
P.O. BOX 349
DAYTONA BEACH FL 32115

103 E. ORANGE AVE.
P.O. BOX 349
DAYTONA BEACH FL 32115

3. Date Incorporated or Qualified **06/27/1969** 3a. Date of Last Report **02/14/1994**

4. FEI Number **59-0248215** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State

28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip 25 Country

29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WENDEL, JOHN F
103 E. ORANGE AVE.
DAYTONA BEACH FL 32115**

81 Name **Murphy, Charles K.**
82 Street Address (P.O. Box Number is Not Acceptable) **103 E. Orange Ave.**
83
84 City **Daytona Beach FL** 85 Zip Code **32114**

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 *Charles K. Murphy*
Signature, typed or printed name of registered agent and his or her office

Charles K. Murphy, President

4/1/95
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTC**
NAME **MURPHY, CHARLES K**
STREET ADDRESS **103 E. ORANGE AVE**
CITY - ST - ZIP **DAYTONA BEACH FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD**
NAME **CARSON, KEN**
STREET ADDRESS **103 E. ORANGE AVE.**
CITY - ST - ZIP **DAYTONA BEACH FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **S**
NAME **WENDEL, JOHN F**
STREET ADDRESS **103 E. ORANGE AVE.**
CITY - ST - ZIP **DAYTONA BEACH FL**

3.1 TITLE Change Addition
3.2 NAME **Monaco, David A.**
3.3 STREET ADDRESS **103 E. Orange Ave.**
3.4 CITY - ST - ZIP **Daytona Beach, FL 32114**

TITLE **VD**
NAME **RABENECKER, ROB**
STREET ADDRESS **103 E. ORANGE AVE.**
CITY - ST - ZIP **DAYTONA BEACH FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **VD**
NAME **MYERS, RONALD M.**
STREET ADDRESS **103 E. ORANGE AVE.**
CITY - ST - ZIP **DAYTONA BEACH FL**

5.1 TITLE Change Addition
5.2 NAME **Delete**
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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, upon an appointment with an address.

SIGNATURE: *Charles K. Murphy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95 (904) 252-7479
DATE DAYTIME (Area #)