

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722435 (5)

1. Corporation Name

MAITLAND SOFTBALL ASSOCIATION INC.

Principal Place of Business

1909 BENHURST PLACE
MAITLAND FL 32751
US

Mailing Address

PO BOX 947625
MAITLAND FL 32794
US

FILED

Apr 22, 1996 08:00 AM

Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/13/1972		05/01/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		23-7202235		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
21		26		23-7202235		Applied For	
22		27		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHAHINIAN, JOHN
1909 BENHURST PLACE
MAITLAND FL 32751

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

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	SD	<input checked="" type="checkbox"/> DELETE
NAME	MILDNER, RICK	
STREET ADDRESS	800 JUANITA RAE	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHAHINIAN, JOHN	
STREET ADDRESS	1909 BENHURST PLACE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, TERRY	
STREET ADDRESS	901 VERSAILLES CR	
CITY - ST - ZIP	MAITLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TAFT, SARAH	
STREET ADDRESS	1932 SOUTH BLVD.	
CITY - ST - ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Fox, Aylene	
13 STREET ADDRESS	2022 Cree Trail	
14 CITY - ST - ZIP	Casselberry, FL 32707	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: Sarah E. Taft Sarah E. Taft, Treasurer 4-16-96 (407) 896-8021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)