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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 722435

1. Corporation Name

MAITLAND SOFTBALL ASSOCIATION INC.

Principal Place of Business

1107 THUNDER TRAIL
MAITLAND FL 32751-4043
US

Mailing Address

PO BOX 947625
MAITLAND FL 32794-7625
US



2. Principal Place of Business

21 2115 Cree Trail

Suite, Apt. #, etc.

22 City & State

23 Casselberry, FL

Zip Country

24 32707 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/13/1972

4. FEI Number

23-7202235

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

9. Name and Address of Current Registered Agent

GALOVIC, ROBERT
1107 THUNDER TRAIL
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
NAME VOSS, TINA
STREET ADDRESS 1620 EXCALIBUR DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ DELETE

TITLE VD
NAME FLEMING, STEVE
STREET ADDRESS 737 FOREST GLEN COURT
CITY-ST-ZIP MAITLAND FL ☒ DELETE

TITLE VD
NAME COTTER, KEN
STREET ADDRESS 407 OAK HILL DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ DELETE

TITLE TD
NAME GALOVIC, ROBERT
STREET ADDRESS 1107 THUNDER TRAIL
CITY-ST-ZIP MAITLAND FL 32751 ☒ DELETE

TITLE PD
NAME OCCHIALINI, DAVE
STREET ADDRESS 2115 CREE TRAIL
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Brenda Boyd
2.3 STREET ADDRESS 225 Tanglewood Dr.
2.4 CITY-ST-ZIP Apopka, FL 32712

3.1 TITLE Vice-President ☐ Change ☒ Addition
3.2 NAME Richard Kraus
3.3 STREET ADDRESS 317 Oak Hill Dr.
3.4 CITY-ST-ZIP Alt. Springs, FL 32701

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TINA VOSS

4/5/99

Date

Daytime Phone #

CR2E037 (11/98)