

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortimer</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726691 (9)**  
 1. Corporation Name  
**MAITLAND BASEBALL, INC.**

Principal Place of Business <b>POST OFFICE BOX 752                  MAITLAND FL 32751</b>	Mailing Address <b>POST OFFICE BOX 752                  MAITLAND FL 32751</b>
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3. Date Incorporated or Qualified  
**09/24/1971**

4. FEI Number  
**59-800000 2543883**

Applied For  
 Yes  Not Applicable

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

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

9. Name and Address of Current Registered Agent

**PROCTOR, KAREN H.  
 2100 VIA TUSCANY  
 WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81. Name **HOSTETTER, H. BLAKE**

82. Street Address (P.O. Box Number is Not Acceptable)  
**1922 TEMPLE DRIVE**

83. City **WINTER PARK** FL 85. Zip Code **32789**

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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE *H. Blake Hostetter* **H. BLAKE HOSTETTER** DATE **2/22/98**

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

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD DOSTER, JEFF</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>1921 OLD COLONY LANE</b>	
STREET ADDRESS	<b>MAITLAND FL</b>	
CITY-ST-ZIP		
TITLE	<b>VPD SCHNERT, SCOTT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>946 MOSS LANE</b>	
STREET ADDRESS	<b>WINTER PARK FL</b>	
CITY-ST-ZIP		
TITLE	<b>TO PROCTOR, KAREN</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>2100 VIA TUSCANY</b>	
STREET ADDRESS	<b>WINTER PARK FL 32789</b>	
CITY-ST-ZIP		
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		
1.1 TITLE	<b>PD SEHNERT, SCOTT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>946 MOSS LANE</b>	
1.3 STREET ADDRESS	<b>WINTER PARK, FL 32789</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VPD WILHITE, PAUL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>1751 MOSS HAWK TRAIL</b>	
2.3 STREET ADDRESS	<b>MAITLAND, FL 32751</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>TD H. BLAKE HOSTETTER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>1922 TEMPLE DR.</b>	
3.3 STREET ADDRESS	<b>WINTER PARK, FL 32789</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in an attachment with an address.

SIGNATURE: *H. Blake Hostetter* **H. BLAKE HOSTETTER** **TREASURER** **407-843-1681**

CR2E037 (10/97)