

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 # 730427 (2)

1. Corporation Name

FLORIDA AMATEUR SOFTBALL ASSOCIATION, INC.



Principal Place of Business

180 GOVERNMENTAL CENTER
P.O. BOX 12910
PENSACOLA FL 32521

Mailing Address

180 GOVERNMENTAL CENTER
P.O. BOX 12910
PENSACOLA FL 32521

3. Date Incorporated or Qualified
08/13/1974

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
59-2376381

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICKREY, WILLIAM J.
180 GOVERNMENTAL CENTER
PENSACOLA FL 32501

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME ~~DP~~
STREET ADDRESS ~~STRUBLE, WAYNE~~
CITY-ST-ZIP ~~230 N STONE ST~~
~~DELAND, FL 00000~~

11 TITLE ☒ Change ☐ Addition
12 NAME Perkins, Stephen
13 STREET ADDRESS #55 - CR 706
14 CITY-ST-ZIP Bushnell, FL

TITLE ☐ DELETE
NAME ST
STREET ADDRESS VICKREY, WILLIAM J
CITY-ST-ZIP 180 GOVERNMENTAL CENTER
PENSACOLA, FL 00000

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS LANDERS, R. L
CITY-ST-ZIP 321 SE 10 CT
FT LAUDERDALE FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS TROUSDELL, RANDY
CITY-ST-ZIP 912 MYERS PARK RD
TALLAHASSEE, FL 00000

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME B
STREET ADDRESS HUBBARD, RICHARD
CITY-ST-ZIP 5502 33RD AVENUE DRIVE WEST
BRADENTON FL

51 TITLE D/P ☐ Change ☒ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 (904) 435-1770

Date

Day/Time Phone #

CR2E037 (12/95)