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Jan 29 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

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

180 GOVERNMENTAL CENTER
P.O. BOX 12910
PENSACOLA FL 32521-0001

3. Date Incorporated or Qualified
08/13/1974

3a. Date of Last Report
03/25/1996

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

TITLE D PERKINS, STEPHEN
NAME #55-CR 708
STREET ADDRESS BUSHNELL FL
CITY-ST-ZIP

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Clarkson, Betsy
1.3 STREET ADDRESS 901 Pope Road
1.4 CITY-ST-ZIP St. Augustine, FL

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

3.1 TITLE DP
3.2 NAME Parise, David
3.3 STREET ADDRESS 9525 W. Oakland Park Blvd.
3.4 CITY-ST-ZIP Sunrise, FL

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

5.1 TITLE D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. I do 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.

SIGNATURE

William J. Vickrey 1/17/97

CR2E037 (9/96)