

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FILED
Mar 08, 1999 8:00 am
Secretary of State

0080249

FLORIDA AMATEUR SOFTBALL ASSOCIATION, INC.

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

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. 912 Myers Park Drive		26. 912 Myers Park Drive		08/13/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22. City & State		27. City & State		59-2376381	
23. Tallahassee FL		28. Tallahassee FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24. 32301		29. 32301		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country USA		Country USA			
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)		
			912 MYERS PARK DRIVE		
			83. City		
			84. TALLAHASSEE FL 85. Zip Code 32301		
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			RANDY TROUSDELL SECRETARY/TREASURER		
Signature of registered agent or printed name of registered agent and title if applicable.			DATE 2/18/99		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME CLARKSON, BETSY STREET ADDRESS 901 POPE ROAD CITY-ST-ZIP ST. AUGUSTINE FL			1.1 TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME VICKREY, WILLIAM J STREET ADDRESS 180 GOVERNMENTAL CENTER CITY-ST-ZIP PENSACOLA, FL 00000			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME STEVENSON, DENNIS STREET ADDRESS 226 CYPRESS LN CITY-ST-ZIP LAKE WORTH FL			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME BOCCHINO, MIKE 3.3 STREET ADDRESS 2369 N E DIXIE HIGHWAY 3.4 CITY-ST-ZIP JENSEN BEACH FL 34967		
TITLE <input type="checkbox"/> DELETE NAME TROUSDELL, RANDY STREET ADDRESS 912 MYERS PARK RD CITY-ST-ZIP TALLAHASSEE, FL 00000			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME ST 4.3 STREET ADDRESS 912 MYERS PARK DRIVE 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME HUBBARD, RICHARD STREET ADDRESS 5502 33RD AVENUE DRIVE WEST CITY-ST-ZIP BRADENTON FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME NORRIS, GERRY 6.3 STREET ADDRESS 912 MYERS PARK DRIVE 6.4 CITY-ST-ZIP TALLAHASSEE FL 32301		

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 REQUIRED** RANDY TROUSDELL 2/18/99 (850-891-3866)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (11/98)