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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743236** (2)

1. Corporation Name

**FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC.**



Principal Place of Business

Mailing Address

**7480 DANA LIN CIRCLE  
NORTH FT. MYERS FL 33917  
US**

**7480 DANA LIN CIRCLE  
NORTH FT. MYERS FL 33917-3300  
US**

3. Date Incorporated or Qualified  
**06/13/1978**

3a. Date of Last Report  
**04/16/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOTY, ROGER  
7480 DANA LIN CIRCLE  
NORTH FT. MYERS FL 33917**

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, 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 **P** ☒ DELETE  
NAME **MILLER, GERALD**  
STREET ADDRESS **1831 SE 26TH TERR**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **V** ☒ DELETE  
NAME **GREEN, JOSEPH**  
STREET ADDRESS **1429 SE 34TH TERR**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **S** ☐ DELETE  
NAME **DOTY, ROGER**  
STREET ADDRESS **7480 DANA LIN CIRCLE**  
CITY-ST-ZIP **N. FT. MYERS FL**

TITLE **D** ☐ DELETE  
NAME **EVANGELISTA, NICK**  
STREET ADDRESS **422 SW 20TH ST**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☒ DELETE  
NAME **SCHILLER, LARRY**  
STREET ADDRESS **17501 OSPREY INLET**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE  
NAME **HUTCHERSON, SHERWOOD N**  
STREET ADDRESS **3527 SW 5TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **ABDOW, ROBERT**  
1.3 STREET ADDRESS **1100 PONDELLA RD #304**  
1.4 CITY-ST-ZIP **NO. FORT MYERS FL 33903**

2.1 TITLE **EXEC. VICE PRESIDENT** ☒ Change ☐ Addition  
2.2 NAME **GERMINARIO, JAMES**  
2.3 STREET ADDRESS **1445 S.E 17TH ST**  
2.4 CITY-ST-ZIP **CAPE CORAL FL 33990**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

5.1 TITLE **DIRECTOR** ☒ Change ☐ Addition  
5.2 NAME **RYAN, JAMES**  
5.3 STREET ADDRESS **2811 S.E 18TH AVE**  
5.4 CITY-ST-ZIP **CAPE CORAL FL 33904**

6.1 TITLE ☐ Change ☐ Addition  
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:

**ROGER DOTY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/97**

**941-543-2280**

Date

Daytime Phone # 0066909

CR2E037 (9/96)