

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90201 035 ****61.25

0059692

DOCUMENT # 743236

1. Corporation Name

FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC.

Principal Place of Business

7480 DANA LIN CIRCLE
NORTH FT. MYERS FL 33917
US

Mailing Address

1831 SE 26TH TERRACE
CAPE CORAL ~~FL~~ 33904
US



2. Principal Place of Business

21 1831 SE 26TH TERRACE
Suite, Apt. #, etc.

22

City & State
23 CAPE CORAL, FL

Zip Country
24 33904 25

2a. Mailing Address

26 1831 SE 26TH TERRACE
Suite, Apt. #, etc.

27 CAPE CORAL

City & State
28 CAPE CORAL, FL

Zip Country
29 33904 30

3. Date Incorporated or Qualified

06/13/1978

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

MILLER, JERRY
1831 SE 26TH TERRACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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 P ☐ DELETE
NAME GERMINARIO, JAMES
STREET ADDRESS 1445 SE 17TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE EVP ☐ DELETE
NAME HARRINGTON, DAVE
STREET ADDRESS 3645 SE 5TH COURT
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE S ☐ DELETE
NAME MILLER, JERRY
STREET ADDRESS 11831 SE 26TH TERR
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ DELETE
NAME KARP, RICARD
STREET ADDRESS 16580 WATEREDGE CT
CITY-ST-ZIP FORT MYERS FL 33908

TITLE D ☐ DELETE
NAME HOBSON, WILLIAM
STREET ADDRESS 3511 SW 5TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

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 TREASURER ☐ Change ☒ Addition
1.2 NAME MC KIERNAN, DONALD
1.3 STREET ADDRESS 2104 SW 38TH TERRACE
1.4 CITY-ST-ZIP CAPE CORAL, FL 33914

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

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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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:

Donald Mc Kiernan, Treasurer
DONALD M. KIERNAN, TREASURER

2/10/99

941-549-3792

Date

Daytime Phone #

CR2E037 (11/98)