

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 SEP 15 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762471** (1)

1. Corporation Name

OSCEOLA YOUTH SOFTBALL LEAGUE, INC.

Principal Place of Business	Mailing Address
3511 BAKER DR KISSIMMEE FL 34744 US	P.O. BOX 421918 P.O. BOX 421918 KISSIMMEE FL 34742 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/17/1982	12/09/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2227036	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RITCH, JOHN B.
100 CHURCH STREET
KISSIMMEE FL 32741**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President (D)
NAME	SAILOR, FRED	1.2 NAME	Farrell, Robert
STREET ADDRESS	803 ESTRADA LANE	1.3 STREET ADDRESS	3801 Dew Court
CITY-ST-ZIP	KISSIMMEE FL 34758	1.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	SD	2.1 TITLE	Secretary (D)
NAME	JACKSON, APRYLE	2.2 NAME	Jackson, Apryle
STREET ADDRESS	14 WAGON CIRCLE	2.3 STREET ADDRESS	14 Wagon Circle
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee FL 34744
TITLE	TD	3.1 TITLE	Treasurer (D)
NAME	TABACHOW, DAISY	3.2 NAME	Hord, Richard
STREET ADDRESS	3438 COACHLIGHT DRIVE	3.3 STREET ADDRESS	1650 Granada Blvd.
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee, FL 34746
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE _____

CR2E037 (4/97)