FILE NOW: FILING FEE IS \$61.25

Jul 06 1998 8:00am NONPROFIT FLORIDA DEPARTMEN STATE CORPORATION Sandra B. Mor Secretary of State ANNUAL REPORT Secretary of St DIVISION OF CORPO 1**9**98 ONS DOCUMENT # (1)762471 OSCEOLA YOUTH SOFTBALL LEAGUE, INC. Principal Place of Business Mailing Address 3511 BAKER DR P.O. BOX 421918 3. Date Incorporated or Qualified KISSIMMEE FL 34744 P.O. BOX 421918 03/17/1982 KISSIMMEE FL 34742 4. FEI Number Applied For 59-2227036 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RITCH, JOHN B. Street Address (P.O. Box Number is Not Acceptable) 100 CHURCH STREET KISSIMMEE FL 32741 City **B**5 Zip Code FI ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authoriz
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St SIGNATURE Signature, typed or printed name of registered agent and title if applicable Agent signature required when reinstating) Regist OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13 DELETE Change Addition TITLE 1.1 Kathleen Winger **FARRELL, ROBERT** NAME 1.2 **25E037** 3072 Zaharias Dr-**3221 DEW LOURT** REET ADDRESS STREET ADDRESS 1.35 Orlando, F1, 32837 KISSIMMEE FL 34744 CITY-ST-ZIP Y-ST-ZIP DELETE Addition 2.1 T LE TITLE Thom Schmitt JACKSON, APRYLE 2.2 NAME NAME 1811 Emmett St 14 WAGON CIRCLE 2.3 STREET ADDRESS STREET ADDRESS Kissimuee, FI 34741 KISSIMMEE FL 34744 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HORD, RICHARD 32 NAME NAME 1650 GRANDADA BLVD. STREET ADDRESS 3.3 STREET ADDRESS KISSIMMEE FL 34748 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 000002580350 -07/06/98--01070--016 NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

FILED

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 or an alachment with an address.

6.4 CITY - ST - ZIP

CITY-ST-ZIP

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