


FILE NOW: FILING FEE IS \$61.25

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99 MAR 29 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 763736</b>					
1. Corporation Name <b>MISS FLORIDA SOFTBALL, INC.</b>					
Principal Place of Business <b>4359 DIAMOND ROAD WINTER HAVEN FL 33880</b>			Mailing Address <b>4359 DIAMOND ROAD WINTER HAVEN FL 33880</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/17/1982</b>	
4. FEI Number <b>APPLIED FOR 59 3564015</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
9. Name and Address of Current Registered Agent <b>CAMECHIS, TAMMY L 4359 DIAMOND ROAD WINTER HAVEN FL 33880</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>700002825997-9</b> 83 -04/01/99--01036--006 84 City <b>*****61.25 FL 33880</b>	

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

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECK, PAMELA			1.2 NAME	CAMECHIS, TAMMY L.		
STREET ADDRESS	4359 DIAMOND ROAD			1.3 STREET ADDRESS	4359 DIAMOND ROAD		
CITY-ST-ZIP	WINTER HAVEN FL 33880			1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	CONNER, LOY			2.2 NAME			
STREET ADDRESS	695 S. OAK AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	BARTOW FL 33830			2.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	GRAY, MICHELE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUTENBAR, CHERYL			3.2 NAME	GRAY, MICHELE		
STREET ADDRESS	415 HIBISCUS DR.			3.3 STREET ADDRESS	3707 J.A. FENTON ROAD		
CITY-ST-ZIP	LAKELAND FL 33803			3.4 CITY-ST-ZIP	LAKELAND, FL 33810	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:** *Tammy L. Canechis* Tammy L. Canechis-Pres. 1-13-99 1-800-416-0322x3638  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)