FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:14

DOCUMENT # 765271 (2)

1. Corporation Name
EAST PASCO GIRL'S SOFTBALL LEAGUE OF ZEPHYRHILLS , INC.

Principal Place of Business	Mailing Address
39219 5 AVE PO BOX 15 ZEPHYRHILLS FL 33539-7015	39219 5 AVE PO BOX 15 ZEPHYRHILLS FL 33539-7015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1982
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2772110 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4626 KRUSEN FIELD RD	26 P. O. BOX 15
Suite, Apt. #, etc. 22 P. O. BOX 15	Suite, Apt. #, etc. 27
City & State 23 ZEPHYRHILLS, FLORIDA	City & State 28 ZEPHYRHILLS, FLORIDA
Zip / County 24 33539-0015 25 USA	Zip / Country 29 33539-0015 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JORDAN, CLARENCE E 4448 STILLMAN ST ZEPHYRHILLS FL 33540	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE PD	PRESIDENT D	☒ Change ☐ Addition
NAME	JORDAN, CLARENCE E	12 NAME	JORDAN, CLARENCE E.	
STREET ADDRESS	7647 FORBES RD	13 STREET ADDRESS	4448 STILLMAN ST	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	14 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33540	
TITLE	VD	21 TITLE VD	V. PRES. D	☐ Change ☐ Addition
NAME	TUNKER, NICK	22 NAME	BELASIC, TED	
STREET ADDRESS	37404 JERNSTROM LANE	23 STREET ADDRESS	7647 FORBES RD.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	24 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33540	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	JORDAN, LOUISE	32 NAME		
STREET ADDRESS	4448 STILLMAN ST.	33 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	SECRETARY D	☒ Change ☐ Addition
NAME	MCGAVERN, LYN	42 NAME	WYNNE, CYNTHIA	
STREET ADDRESS	39127 PRETTY POND ROAD	43 STREET ADDRESS	5202 - 17th ST.	
CITY-ST-ZIP	ZEPHYRHILLS FL	44 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33540	
TITLE	D	51 TITLE	DIRECTOR D	☒ Change ☐ Addition
NAME	REID, WILLIAM	52 NAME	APPLING, MATT	
STREET ADDRESS	38143 SALEM AVE	53 STREET ADDRESS	34843 CHELMSFORD LN	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	54 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	
TITLE	PAD	61 TITLE	PLAYER AGENT D	☒ Change ☐ Addition
NAME	BROWN, JEFF	62 NAME	TUNKER, NICK	
STREET ADDRESS	33243 MANDRAKE ROAD	63 STREET ADDRESS	37404 JERNSTROM LN.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	64 CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: CLARENCE E. JORDAN Clarence E Jordan 4-25-95 813-788-2364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032205