

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765271 (2)
1. Corporation Name
EAST PASCO GIRL'S SOFTBALL LEAGUE OF ZEPHYRHILLS
, INC.



Principal Place of Business
4626 KRUSEN FIELD RD
P O BOX 15
ZEPHYRHILLS FL 33539-0015
US

Mailing Address
P O BOX 15
PO BOX 15
ZEPHYRHILLS FL 33539-0015
US

3. Date Incorporated or Qualified 10/04/1982
3a. Date of Last Report 05/01/1995

| | | | |
|--------------------------------|------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-2772110 | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 Zip | 28 Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 Country | 29 Country | | |

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 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 | PD | <input type="checkbox"/> DELETE |
| NAME | JORDAN, CLARENCE E | |
| STREET ADDRESS | 4448 STILLMAN ST | |
| CITY - ST - ZIP | ZEPHYRHILLS, FL 00000 | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | BELASIC, RTED | |
| STREET ADDRESS | 7647 FORBES RD | |
| CITY - ST - ZIP | ZEPHYRHILLS, FL 00000 | |
| TITLE | J | <input type="checkbox"/> DELETE |
| NAME | JORDAN, LOUISE | |
| STREET ADDRESS | 4448 STILLMAN ST. | |
| CITY - ST - ZIP | ZEPHYRHILLS, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WYNNE, CYNTHIA | |
| STREET ADDRESS | 5202 17TH ST | |
| CITY - ST - ZIP | ZEPHYRHILLS FL | |
| TITLE | DD | <input type="checkbox"/> DELETE |
| NAME | APPLING, MATT | |
| STREET ADDRESS | 34843 CHELMSFORD LANE | |
| CITY - ST - ZIP | ZEPHYRHILLS, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TUNKER, NICK | |
| STREET ADDRESS | 37404 JERNSTEOM LANE | |
| CITY - ST - ZIP | ZEPHYRHILLS, FL 00000 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VPD |
| 2.3 STREET ADDRESS | BROWN, KIM |
| 2.4 CITY - ST - ZIP | 33243 MANDRAKE RD. ZEPHYRHILLS, FL. 33543 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SD |
| 4.3 STREET ADDRESS | GRIFFIN, CATHY |
| 4.4 CITY - ST - ZIP | 7304 FORBES RD ZEPHYRHILLS, FL. 33540 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | D |
| 5.3 STREET ADDRESS | CHAUNCEY, KATRINA |
| 5.4 CITY - ST - ZIP | 38212 HUFF OR. ZEPHYRHILLS, FL. 33541 |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | HINCHMAN, FRANK |
| 6.3 STREET ADDRESS | 7346 LUMBERTON RD. |
| 6.4 CITY - ST - ZIP | ZEPHYRHILLS, FL. 33540 |

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96
Date

813-788-2364
Daytime Phone #

CR2E037 (12/95)