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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham + Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/04/1982	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2772110	

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	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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, CLARENCE E	1.2 NAME	RICK GOLLHARDT
STREET ADDRESS	4448 STILLMAN ST	1.3 STREET ADDRESS	6433 SILVER OAKS DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	1.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, KIM	2.2 NAME	LAURA CLARK <input checked="" type="checkbox"/> Addition
STREET ADDRESS	39600 COVEY AVE, P O BOX 73	2.3 STREET ADDRESS	P.O. BOX 6228 <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	CRYSTAL SPRINGS FL	2.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, LOUISE	3.2 NAME	ROBIN COUNSELL
STREET ADDRESS	4448 STILLMAN ST.	3.3 STREET ADDRESS	7427 - 20th STREET
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	3.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEEKINS, LORETTA	4.2 NAME	DAVID MOREL
STREET ADDRESS	5928 18TH ST	4.3 STREET ADDRESS	38603 YOUNG DRIVE
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	FIKE, MICHAEL	5.2 NAME	
STREET ADDRESS	10821 FRIENDLY PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HINCHMAN, FRANK	6.2 NAME	
STREET ADDRESS	7346 LUMBERTON RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	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.

SIGNATURE: **Laura Clark LAURA L. CLARK** 1-24-98 813-782-5606

CR2E037 (10/97)