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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765271

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/04/1982

4. FEI Number

59-2772110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JORDAN, CLARENCE E
4448 STILLMAN ST
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

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** ☐ DELETE

NAME **JORDAN, CLARENCE E**
STREET ADDRESS **4448 STILLMAN ST**
CITY-ST-ZIP **ZEPHYRHILLS, FL 00000**

TITLE **VP** ☐ DELETE

NAME **RICK GOLLHARDT**
STREET ADDRESS **6433 SILVER OAKS DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **T** ☐ DELETE

NAME **JORDAN, LOUISE**
STREET ADDRESS **4448 STILLMAN ST.**
CITY-ST-ZIP **ZEPHYRHILLS, FL 00000**

TITLE **S** ☐ DELETE

NAME **LAURA CLARK**
STREET ADDRESS **P O BOX 6228 N/A**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **D** ☐ DELETE

NAME **ROBIN COUNSELL**
STREET ADDRESS **7427 - 20TH ST**
CITY-ST-ZIP **ZEPHYRHILLS, FL 00000 33540**

TITLE **D** ☐ DELETE

NAME **DAVID MOREL**
STREET ADDRESS **38603 YOUNG DR**
CITY-ST-ZIP **ZEPHYRHILLS, FL 00000 33540**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Tom Patterson
38924 Pally Rd
Zephyrhills, FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **S** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Marjorie Smith
39233 8th Av
Zephyrhills, FL 33540

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Lyda Clancy
1530 Commercial Place
Zephyrhills, FL 33540

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Brenda Arnold
47116 Ryals Rd
Zephyrhills, FL 33541

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:

Marjorie Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

Date

783-7478

Daytime Phone #

CR2E037 (11/98)