

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 JUN 19 AM 11:41

DOCUMENT # 766172

(1)

1. Corporation Name

SEMINOLE SOFTBALL CLUB INC.

Principal Place of Business

Mailing Address

244 SHADY OAKS CIR
LAKE MARY FL 32746
US

244 SHADY OAKS CIR
LAKE MARY FL 32746
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/16/1982

03/24/1994

4. FEI Number

Applied For

59-2935286

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

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

3838 ORLANDO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

SANFORD FL

Zip

Country

Zip

Country

24

25

29

32773

30

SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWLING, NANCY L.
640 DEER RUN COURT
CASSELBERRY FL 32707

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HERMEN, CRUZ	1.2 NAME	
STREET ADDRESS	681 OSWEGO CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARBOUR, RANDALL V	2.2 NAME	
STREET ADDRESS	117 ROSEBRIAR DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	COODE, WILLIAM J	3.2 NAME	
STREET ADDRESS	244 SHADY OAKS CIR	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE MARY FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MANZ, JANE	4.2 NAME	
STREET ADDRESS	135 WEATHERVANE WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	VAN SWEARINGEN, ALFRED R	5.2 NAME	
STREET ADDRESS	1110 SCENIC POINT RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR OFFICER OR DIRECTOR

6-9-95

407-380-0958