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Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766172 (1)

1. Corporation Name

SEMINOLE SOFTBALL CLUB INC.

Principal Place of Business

S.R. 419  
LONGWOOD FL 32750  
US

Mailing Address

350 MOFFAT LOOP  
OVIEDO FL 32765-6257  
US3. Date Incorporated or Qualified  
12/16/19823a. Date of Last Report  
08/28/19964. FEI Number  
59-2935286Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City &amp; State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 196475

27 Suite, Apt #, etc.

28 City &amp; State

29 32719-6475 30 WINTER SPRINGS, FL

9. Name and Address of Current Registered Agent

MILLER, TODD  
350 MOFFAT LOOP  
OVIEDO FL 32765

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

TODD R. MILLER President

(NOTE: Registered Agent signature required when reinstating)

1/4/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MILLER, TODD  
STREET ADDRESS 350 MOFFAT LOOP  
CITY - ST - ZIP OVIEDO FL 32765 ☐ DELETETITLE VD  
NAME COATES, CATHERINE  
STREET ADDRESS 1047 LONG BRANCH LANE  
CITY - ST - ZIP OVIEDO FL 32765 ☐ DELETETITLE TD  
NAME KRACK, DEBBIE  
STREET ADDRESS 1384 AYERSWOOD COURT  
CITY - ST - ZIP WINTER SPRINGS FL 32708 ☐ DELETETITLE SD  
NAME HORWATH, SUSAN  
STREET ADDRESS 485 LAKESHORE DRIVE  
CITY - ST - ZIP LAKE MARY FL 32746 ☒ DELETETITLE D  
NAME CONLEY, J D  
STREET ADDRESS 170 CITRUS TREE LANE  
CITY - ST - ZIP LONGWOOD FL 32750 ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD R. MILLER

1/4/97

651-2695

CR2E037 (9/96)