

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90003 027 \*\*\*\*61.25

DOCUMENT # 766172

1. Corporation Name

SEMINOLE SOFTBALL CLUB INC.

Principal Place of Business

S.R. 419  
LONGWOOD FL 32750  
US

Mailing Address

P O BOX 196475  
WINTER SPRINGS FL 32719-6475  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

12/16/1982

4. FEI Number

59-2935286

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME MILLER, TODD  
STREET ADDRESS 350 MOFFAT LOOP  
CITY-ST-ZIP OVIEDO FL 32765

TITLE VD ☒ DELETE  
NAME COATES, CATHERINE  
STREET ADDRESS 1047 LONG BRANCH LANE  
CITY-ST-ZIP OVIEDO FL 32765

TITLE TD ☐ DELETE  
NAME WILLIAMS, DANIEL F.  
STREET ADDRESS 110 SHADOW LAKE DR  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE SD ☐ DELETE  
NAME MILLER, RICKIE B.  
STREET ADDRESS 1521 NATURE COURT  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 VICE PRESIDENT / DIRECTOR  
2.3 STREET ADDRESS CHRISTOPHER B. WILLIAMS  
2.4 CITY-ST-ZIP 8617 AMBER OAK COURT  
ORLANDO, FLORIDA 32817

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 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:

SIGNATURE REQUIRED

3/13/99

(407) 695-1024

Date

Daytime Phone #

CR2E037 (11/98)