

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**  
**Jun 21, 1999 8:00 am**  
**Secretary of State**

06-21-1999 90002 026 \*\*\*\*70.00

**DOCUMENT # N05306**

1. Corporation Name

**FLORIDA STICKBALL LEAGUE, INC.**

Principal Place of Business

P.O. BOX 169  
ORLANDO FL 32802

Mailing Address

P.O. BOX 169  
ORLANDO FL 32802



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/17/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3168682	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent

**PIZARROZ, MARK**  
**272 GARLAND ST**  
**DELTONA FL 32725**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PIZARROZ, MARK	1.2 NAME	
STREET ADDRESS	272 GARLAND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SIACA, MICHEL	2.2 NAME	
STREET ADDRESS	518 RIDGEWOOD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	PIZARROZ, BARBARA	3.2 NAME	
STREET ADDRESS	423 CLOVERLEAF BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BARBARA PIZARROZ**

Date

Daytime Phone #

June 5-1999 (407) 860-1761

CR2E037 (11/98)

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