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 MAY 24 PM 12:36

DOCUMENT # N06594 (8)

1. Corporation Name
WILTON MANORS BASEBALL, INC.

Principal Place of Business	Mailing Address
% ROB FRENCH 1709 N.E. 28TH DRIVE WILTON MANORS 33334	% ROB FRENCH 1709 N.E. 28TH DRIVE WILTON MANORS 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1984
3a. Date of Last Report: 10/06/1994
4. FEI Number: 59-2488512 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1809 Coral Gardens Dr.	26 1809 Coral Gardens Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Wilton Manors FL	City & State 28 Wilton Manors FL
Zip 24 33305 Country 25	Zip 29 33305 Country 30

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) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRENCH, ROB 1709 N.E. 28TH DRIVE WILTON MANORS FL 33334	81 Name: Rob French 82 Street Address (P.O. Box Number is Not Acceptable): 1809 Coral Gardens Drive 83 84 City: Wilton Manors FL 85 Zip Code: 33305

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	Pd ☒ Change ☐ Addition
NAME	FRENCH, ROB	12 NAME	French, Rob
STREET ADDRESS	1709 N.E. 28TH DRIVE	13 STREET ADDRESS	1809 Coral Gardens Drive
CITY-ST-ZIP	WILTON MANORS FL	14 CITY-ST-ZIP	Wilton Manors FL 33305
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MITZEL, CHARLIE	22 NAME	
STREET ADDRESS	817 N.W. 28TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	LANCASTER, ARLENE	32 NAME	
STREET ADDRESS	2209 NW 2ND AVE	33 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	PEAL, VICKI	42 NAME	
STREET ADDRESS	2000 CORAL GDS DR	43 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: _____ 5-15-95 305-565-1445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047394