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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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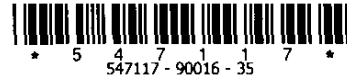
1. Corporation Name

PINELLAS PARK PONY BASEBALL, INC.

Principal Place of Business

P.O. BOX 246
PINELLAS PARK FL 33665

Mailing Address

P.O. BOX 246
PINELLAS PARK FL 33665

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/29/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2837775
City & State	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution ☐
24	25	29
33781	30	

9. Name and Address of Current Registered Agent

BETTY BAXTER
 5461 65TH TERR N.
 PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name Frank Filmon
 82 Street Address (P.O. Box Number is Not Acceptable)
 6161 82nd Terrace North
 83
 84 City Pinellas Park FL 85 Zip Code 33781

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

Franklin J. Filmon
 Signature, typed or printed name of registered agent and title if applicable.

FRANKLIN J. FILMON PRES.
 (NOTE: Registered Agent signature required when reinstating)

1/20/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	LAWRENCE, DANIEL	1.2 NAME	Frank Filmon
STREET ADDRESS	5941 72ND AVE NO.	1.3 STREET ADDRESS	6161 82nd Terrace, North
CITY-ST-ZIP	PINELLAS PARK FL 33781	1.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	VD ☐ DELETE	2.1 TITLE	Vice-President ☒ Change ☐ Addition
NAME	LARRY BAXTER	2.2 NAME	Bill McCormick
STREET ADDRESS	5461 65TH TERR.	2.3 STREET ADDRESS	5956 10th Terrace, NW/60
CITY-ST-ZIP	PINELLAS PARK FL 34665	2.4 CITY-ST-ZIP	Pinellas Park, FL 33782
TITLE	TD ☐ DELETE	3.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	BAXTER, BETTY	3.2 NAME	TER: VOSS
STREET ADDRESS	5461 65TH TERR. NO	3.3 STREET ADDRESS	4181 67th Ave. North
CITY-ST-ZIP	LARGO FL 34677	3.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	PAT ☐ DELETE	4.1 TITLE	Prayer Agent ☒ Change ☐ Addition
NAME	THOMAS, PAT	4.2 NAME	Ruth Filmon
STREET ADDRESS	5965 78 AVE. NO.	4.3 STREET ADDRESS	6161 82nd Terrace, North
CITY-ST-ZIP	PINELLAS PARK FL 34665	4.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	☐ DELETE	5.1 TITLE	Secretary ☒ Change ☐ Addition
NAME		5.2 NAME	Joe Schaefer
STREET ADDRESS		5.3 STREET ADDRESS	5760 82nd Terrace, N
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	☐ DELETE	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:

Franklin J. Filmon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

727-547-6312

Daytime Phone #

CR2E037 (11/98)