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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McJannet Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25751** (1)

1. Corporation Name

KEY WEST GIRLS SOFTBALL LEAGUE, INC.

Principal Place of Business

Mailing Address

**8008 POWELL COURT
P.O. BOX 2195
KEY WEST FL 33045
US**

**P O BOX 2195
KEY WEST FL 33040
US**



3. Date Incorporated or Qualified

04/05/1988

4. FEI Number

65-0051998

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLATEN, TIGAN
515 WHITEHEAD ST
KEY WEST FL 33040**

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD CORSI-LETO, ALEXSANDRA**

1.2 NAME

STREET ADDRESS **P O BOX 2884**

1.3 STREET ADDRESS

CITY-ST-ZIP **KEY WEST FL**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VD GOLDSTEIN, SUSAN**

2.2 NAME

STREET ADDRESS **1207 11TH ST**

2.3 STREET ADDRESS

CITY-ST-ZIP **KEY WEST FL**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **SD JAMES, GLORIA**

3.2 NAME

STREET ADDRESS **2401 STAPLES AVE**

3.3 STREET ADDRESS

CITY-ST-ZIP **KEY WEST FL**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **T HALL, JACQUELINE**

4.2 NAME

STREET ADDRESS **10-D 10TH AVENUE**

4.3 STREET ADDRESS

CITY-ST-ZIP **KEY WEST FL**

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: **Alexsandra Corsi-Leto / Alexandra Corsi-Leto 11/2/98 (305) 292-3445**

CR2E037 (10/97)