

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28330

(1)

1. Corporation Name

LAKE WORTH GIRLS SOFTBALL, INC.



Principal Place of Business

**POST OFFICE BOX 6908
LAKE WORTH FL 33461**

Mailing Address

**POST OFFICE BOX 6908
LAKE WORTH FL 33461**

3. Date Incorporated or Qualified
09/12/1988

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KARLIK, DIANE L.
3450 NORTHLAKE BLVD.
SUITE 200
PALM BEACH GARDENS FL 33403**

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 **VD** ☒ DELETE
NAME **REPUCCI, MARGARET**
STREET ADDRESS **233 SPRINGDALE CIRCLE**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

11 TITLE **VD** ☒ Change ☐ Addition
12 NAME **ROBERT MEGANCEY**
13 STREET ADDRESS **6324 CARTHAGE CIR. NO**
14 CITY-ST-ZIP **LAKE WORTH, FL 33436**

TITLE **PD** ☒ DELETE
NAME **PERRY, WILLIAM R**
STREET ADDRESS **5280 COLBRIGHT RD**
CITY-ST-ZIP **LAKE WORTH FL 33467**

21 TITLE **PD** ☒ Change ☐ Addition
22 NAME **BRUCE HANCOCK**
23 STREET ADDRESS **312 NO. B STREET**
24 CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **TD** ☐ DELETE
NAME **MCCARTHY, WILLIAM J**
STREET ADDRESS **3536 E. SANDPIPER DR., #5**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **GUIARO, LORETTA**
STREET ADDRESS **1303 W. PINE ST.**
CITY-ST-ZIP **LANTANA FL**

41 TITLE **TD** ☒ Change ☐ Addition
42 NAME **BREAN TURCOTTE**
43 STREET ADDRESS **1308 LONGARZO PL.**
44 CITY-ST-ZIP **WEST PALM BCH, FL 33415**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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:

William J. McCarthy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96
Date

305-974-6530
Daytime Phone #

CR2E037 (12/95)