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Jan 30 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

POST OFFICE BOX 6908
LAKE WORTH FL 33461

POST OFFICE BOX 6908
LAKE WORTH FL 33466-6908



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

3. Date Incorporated or Qualified

09/12/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0070621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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

81 Name Bruce Davidson
82 Street Address (P.O. Box Number is Not Acceptable)
312 N. B. St.
83 Lake Worth,
84 City FL 85 Zip Code 33460

10. Name and Address of New Registered Agent

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 Bruce Davidson

Signature, typed or printed name of registered agent and title if applicable

Bruce Davidson

(NOTE: Registered Agent signature required when reinstating)

1-21-97

DATE

12. OFFICERS AND DIRECTORS

TITLE MEGE
NAME NCEY, ROBERT
STREET ADDRESS 6324 CARTHAGE CIR NO
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

TITLE PD
NAME DAVIDSON, BRUCE
STREET ADDRESS 312 N B STREET
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE TD
NAME MCCARTHY, WILLIAM J
STREET ADDRESS 3538 E. SANDPIPER DR., #5
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ DELETE

TITLE SD
NAME TURCOTTE, BREAN
STREET ADDRESS 1308 CONGARZO PL
CITY-ST-ZIP WEST PALM BCH FL ☐ DELETE

TITLE Treasurer
NAME Loretta Goutard
STREET ADDRESS 1303 W. Pine St.
CITY-ST-ZIP Lantana FL 33462 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Bruce Davidson Bruce Davidson 1-21-97

CR2E037 (9/96)