

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 # N36005 (9)

1. Corporation Name

FRED WATERS BASEBALL CLINIC, INC.



Principal Place of Business

Mailing Address

101 S JEFFERSON ST  
D  
PENSACOLA FL 32501  
US

101 S JEFFERSON ST  
D  
PENSACOLA FL 32501  
US

3. Date Incorporated or Qualified  
01/08/1990

3a. Date of Last Report  
03/13/1995

4. FEI Number

59-2985178

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

KOHR, J. A  
101 S. JEFFERSON ST  
STE D  
PENSACOLA FL 32501

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	CULBERTSON, M. WARREN	6350 PENSACOLA BLVD	PENSACOLA FL	<input type="checkbox"/>
PD	HOOK, MICHAEL	4060 MONTALVO DR	PENSACOLA FL	<input checked="" type="checkbox"/>
D	PARKER, KEN	563 BOB WHITE DR	PENSACOLA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15
T/D				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P/P	WILLIAM DICKSON	12 HIGHPOINT DR	GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	J. ALAN KOHR	101 SOUTH JEFFERSON ST, STE D	PENSACOLA, FL 32501	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

700001825097  
-05/20/96--01040-1020  
\*\*\*61.25

SIGNATURE:

*William Dickson*  
WILLIAM DICKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 1996

Date

(904) 605-4141

Daytime Phone #