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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N37317** **(7)**

1. Corporation Name

BARTOW GIRLS FASTPITCH SOFTBALL, INC.

Principal Place of Business	Mailing Address
BARTOW PARK 555 STATE ROAD BARTOW FL 33830 US	PO BOX 1314 BARTOW FL 33830 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1990
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3069409 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 — County — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 — County — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALKER, TOM E 470 SHADY LANE BARTOW FL 33830	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WALKER, THOMAS E., SR.	12 NAME	Loy Conner
STREET ADDRESS	470 SHADY LANE	13 STREET ADDRESS	695 S. Oak
CITY-ST-ZIP	BARTOW FL	14 CITY-ST-ZIP	Bartow, FL 33830
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WALKER, THOMAS E JR	22 NAME	Gwen Sweat
STREET ADDRESS	955 DUDLEY AVENUE	23 STREET ADDRESS	2127 Grovelen Lane South
CITY-ST-ZIP	BARTOW FL	24 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	SE	31 TITLE	☐ Change ☐ Addition
NAME	SNOW, LISA	32 NAME	Diane Hinton
STREET ADDRESS	855 W CLOWER	33 STREET ADDRESS	2310 Kissingen Ave.
CITY-ST-ZIP	BARTOW FL	34 CITY-ST-ZIP	Bartow, FL 33830
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MANSVIELD, NINA	42 NAME	
STREET ADDRESS	310 S WOODLAWN	43 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Tom Walker 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067884