

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 # 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

3. Date Incorporated or Qualified  
03/27/1990

3a. Date of Last Report  
05/01/1995

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

4. FEI Number

59-3069409

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 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

BRIAN D. HINTON

82 Street Address (P.O. Box Number is Not Acceptable)

220 EAST MAIN, SUITE ONE

83

84 City

BARTOW

FL

85

Zip Code  
33830

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]*

BRIAN D. HINTON

3/13/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CONNER, LOY  
STREET ADDRESS 695 S. OAK  
CITY-STATE-ZIP BARTOW FL ☒ DELETE

1.1 TITLE PD  
1.2 NAME BRIAN D. HINTON  
1.3 STREET ADDRESS 2310 SOUTH KISSINGEN  
1.4 CITY-STATE-ZIP BARTOW FL 33830 ☒ Change ☐ Addition

TITLE VD  
NAME SWEAT, GWEN  
STREET ADDRESS 212 GROVEGLEN LANE SOUTH  
CITY-STATE-ZIP LAKELAND FL ☒ DELETE

2.1 TITLE VD  
2.2 NAME MARK KING  
2.3 STREET ADDRESS 685 BARTOW BOULEVARD  
2.4 CITY-STATE-ZIP BARTOW FL 33830 ☒ Change ☐ Addition

TITLE SE  
NAME HINTON, DIANE  
STREET ADDRESS 2310 KISSINGEN AVE.  
CITY-STATE-ZIP BARTOW FL ☐ DELETE

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

TITLE TD  
NAME MANSFIELD, NINA  
STREET ADDRESS 310 S WOODLAWN  
CITY-STATE-ZIP BARTOW FL ☐ DELETE

4.1 TITLE TD  
4.2 NAME ELMA ADAME  
4.3 STREET ADDRESS 763 GANDY CEMETARY RD.  
4.4 CITY-STATE-ZIP BARTOW FL 33830 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

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

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, unchanged, or on an attachment with an address.

SIGNATURE:

*[Signature]*

BRIAN D. HINTON

3/13/96

941-533-4194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)