

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 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 # **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 33831-1314 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 03/27/1990	3a. Date of Last Report 04/08/1996
4. FEI Number 59-3069409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HINTON, BRIAN D 220 E MAIN SUITE ONE BARTOW FL 33830	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, BRIAN D	1.2 NAME	
STREET ADDRESS	2310 S KISSINGER	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, MARK	2.2 NAME	
STREET ADDRESS	685 BARTOW BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	
TITLE	SE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, DIANE	3.2 NAME	SECRETARY
STREET ADDRESS	2310 KISSINGER AVE.	3.3 STREET ADDRESS	ROBERTSON, RAE
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	595 SOUTH FLORAL AVENUE
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSFIELD, NINA	4.2 NAME	STINSON, JEAN
STREET ADDRESS	310 S WOODLAWN	4.3 STREET ADDRESS	3695 EAST GANDY ROAD
CITY-ST-ZIP	BARTOW FL	4.4 CITY-ST-ZIP	BARTOW, FLORIDA 33830
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMA, ADAM E	5.2 NAME	
STREET ADDRESS	763 GANDY CEMETARY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Jean Stinson* 1/27/97 (941) 533-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053338

CR2E037 (9/96)