

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP 28 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N37317

1. Corporation Name

BARTOW GIRLS FASTPITCH SOFTBALL, INC.

Principal Place of Business

BARTOW PARK  
555 STATE ROAD  
BARTOW FL 33830  
US

Mailing Address

PO BOX 1314  
BARTOW FL 33830  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/27/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3069409	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HINTON, BRIAN D 220 E MAIN SUITE ONE BARTOW FL 33830				81 Name 82 Street Address (P.O. Box Not Permitted) 83 City 84 Zip Code	
				85 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 <i>[Signature]</i> PD DATE 9-21-99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, BRIAN D		1.2 NAME	McDaniel, Lydia J.	
STREET ADDRESS	2310 S KISSINGEN		1.3 STREET ADDRESS	P.O. Box 226	
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP	Bartow, FL 33831	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOANNE		2.2 NAME	Walker, Thomas E.	
STREET ADDRESS	900 W VINE ST		2.3 STREET ADDRESS	955 S. Dudley Ave.	
CITY-ST-ZIP	BARTOW FL		2.4 CITY-ST-ZIP	Bartow, FL 33831	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, RAE		3.2 NAME	Sanchez, JoAnne	
STREET ADDRESS	595 SOUTH FLORAL AVENUE		3.3 STREET ADDRESS	900 W. Vine St.	
CITY-ST-ZIP	BARTOW FL		3.4 CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-99

Date

863-534-0909

Daytime Phone #

CP2E037 (5/99)