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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N47032

1. Corporation Name

METRO WEST SOFTBALL ASSOCIATION, INC.

Principal Place of Business

5820 WEST CENTRAL AVE. ORLANDO FL 32835

Mailing Address

P.O. BOX 616727 ORLANDO FL 32861

FILED Feb 22, 1999 8:00 am Secretary of State

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| 22. Principal Place of Business 21. S. 20. Well Circle Graze 22. Principal Place of Business 22. Suite Apt. H. etc. 22. Oct. F. C. Suite, Apt. H. etc. 23. Suite Apt. H. etc. 24. Existence of Status Desired Applied For Suite, Apt. H. etc. 25. Suite, Apt. H. etc. 26. Suite, Apt. H. etc. 27. City & State 28. Oct. F. C. C. Y. & State 29. Oct. F. C. C. Y. & State 29. Oct. F. C. Y. & State 29. Oct. F. C. Y. & State 20. Oct. F. C. Y. & | | | | | | | |
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| Suite, Apt. #, etc. Suite, Ap | 2 Principal F | Place of Rusiness | 2a. Mailing Address | | 3. Date Incorporated or Qualifed | | |
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| State Stat | | | | 10 10 1 | | App | lied For |
| City & State 23 | | | ⊢ '' ' ' | سنبيدب | 59-3:103533 | Not | Applicable_ |
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| 24 29 3 30 U.S.A. Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Name and Address of New Registered Agent 14. Name and Address of New Registered Agent 15. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name 18. Name 18. Name 18. Street Address (P.O. Box Number is Not Adaptable) 19. True Nr. II. C.t. 19. Street Address (P.O. Box Number is Not Adaptable) 19. True Nr. III. C.t. 10. Name and Address of New Registered Agent 19. Name Number is Not Adaptable) 19. True Nr. III. C.t. 19. Street Address (P.O. Box Number is Not Adaptable) 19. True Nr. III. C.t. 10. Name and Address of New Registered Agent 19. Name Number is Not Adaptable) 19. True Nr. III. C.t. 10. Name Number is Not Adaptable) 19. True Nr. III. C.t. 19. Street Address (P.O. Box Number is Not Adaptable) 19. True Note Number is Not Adaptable in | | | - | Country | 6. Flection Campaign Financing | \$5.00 A | fav Be |
| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.D. Box Number is Not Addeptable) 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 charging 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, 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, 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE MIXON, DEBOBAH 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-ST-2P CLERMONT FL 33711 14. CITY-ST-2P ORLANDO, FL 32735 CITY-ST-2P ORLANDO, FL 32835 CITY-ST-2P ORLANDO, FL 32835 14. CITY-ST-2P ORLANDO, FL 32835 CITY-ST-2P ORLANDO, FL 32835 ORLANDO, FL 32835 | <u></u> —, [—] , | 1 | <u></u> | a UsA | | | • |
| SNYDER, MARIANNE 112 IVEY HILL CT. 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 SIGNATURE SIGNATURE SIGNATURE MIXON, DEBOBAH STREET ADDRESS 12435_FRIETISSHIP ROAD 12 INME MIXON, DEBOBAH 12 INME MIXON, DEBOBAH 12 INME MIXON, DEBOBAH 13 STREET ADDRESS 12435_FRIETISSHIP ROAD 13 STREET ADDRESS 124 STREET ADDRESS 124 STREET ADDRESS 125 Change Addition MURRAY, JOHN STREET ADDRESS 126 STREET ADDRESS 127 Change Addition MURRAY, JOHN STREET ADDRESS 12835 12835 12835 12835 12835 12836 12836 12836 12836 12836 12836 12837 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 STREET ADDRESS 15 WILSMERE CIRCLE 22 STREET ADDRESS 15 WILSMERE CIRCLE 23 STREET ADDRESS 15 WILSMERE CIRCLE 23 STREET ADDRESS 15 WILSMERE CIRCLE 24 City ST. Zib 15 STREET ADDRESS 16 LAKE DRIVE 33 STREET ADDRESS 16 LAKE DRIVE 33 STREET ADDRESS 16 LAKE DRIVE 34 City ST. Zib 34 City ST. Zib 34 City ST. Zib 35 STREET ADDRESS 36 City ST. Zib 36 City ST. Zib 37 STREET ADDRESS 38 STREET ADDRESS 39 Addition 18 Change Addition 18 Change Addition 18 Change Addition Change | | | 1-0, 00011 | <u> </u> | 10. Name and Address of New Reg | istered Agent | |
| SYDER, MARIANNE 112 IVEY HILL CT. ORLANDO FL 32819 14. 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyped or pritted name of registered apent altriple if applicable. NOTE Responsed Apent signature required when remotating) 12. OFFICERS AND DIRECTORS IN 12 TITLE DR NAME MIXON, SEBOBAH 12 NAME MIXON, SEBOBAH 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS 12 ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 CITY-ST-ZIP CHEMIONT FL 34741 14 CTY-ST-ZIP CHEMIONT FL 34741 15 SHIRLLEY CHEMIONT FL 34741 16 CTY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP ORLANDO FL 32835 | | | | | | | 1 |
| 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, but his change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, but his change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, but his change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, but his change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, but his change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, but his capture agent as registered agent, but his capture as a purpose of change in the p | ONVDED | A4A DIANNE | | 93 67704 | ARIGORE M Soydes | o) | |
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| 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SI | SHEAMO |) FL 32019 | | Da. | Ando | 0e 7: C | |
| 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 aftige if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DR MIXON, DEBOBAH 12 NAME STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 DV | | | | 84 City | • | | |
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| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP | | 4 | , , , | a Otatules. | | 11-199 | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP | SIGNATURE | Signature, typed or printed name of registered agent | and tiple if applicable. (NOTE: R/ | egistered Agent signature r | required when reinstating) | DATE | |
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| 1.3 STREET ADDRESS 12435 FRIENDSHIP ROAD 1.3 STREET ADDRESS 2.0 B.A.Y.W.EST NEIGH BORS CIRCLE 1.4 CITY-ST-ZIP CHERMONT FL 34711 1.4 CITY-ST-ZIP ORLANDO, FL, 32835 Change Addition | TITLE | DR | D ØELETE | 1.1 TITLE | | Change | ☐ Addition |
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| CITY-ST-ZIP | STREET ADDRESS | | | 1.3 STREET ADDRESS | 220 BAYWEST NEIGHBURS | CIRCLE | |
| TITLE | | | | 1.4 CITY-ST-ZIP | ORLANDO, FL. 32835 | | |
| STREET ADDRESS STREET ADDRESS CITY-ST-ZIP | | | ☐ DELETE | 2.1 TITLE | | Change | ☐ Addition |
| STREET ADDRESS STREET ADDRESS CITY-ST-ZIP | NAME | MURRAY, JOHN | | 2.2 NAME | · | | |
| CRY-ST-ZIP | | A LEE MA COLUMN OF OFFICE | | 2.3 STREET ADDRESS | | | |
| DELETE 3.1 TITLE Change Addition | ł | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 2:4 CITY-ST-ZIP | | <u> </u> | |
| NAME GOLDSTIEN, MARY 3.2 NAME 3.3 STREET ADDRESS 168 LAKE DRIVE 3.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 3.4 CITY-ST-ZIP TITLE DT | | <u> </u> | ☐ DELETE | | | ☐ Change | Addition |
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| STREET ADDRESS 6.3 STREET ADDRESS | INVINC | | | 0.2 NAME | 1 | | ' |

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:

CITY-ST-ZIP