

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 # **N47101** (3)

1. Corporation Name
WEST SEMINOLE PONY BASEBALL, INC. II



Principal Place of Business Mailing Address
P.O. BOX 915364 LONGWOOD FL 32779 P.O. BOX 915364 LONGWOOD FL 32779

3. Date Incorporated or Qualified: **01/31/1992**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business State, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. g. Name and Address of Current Registered Agent

**CAMPBELL, JERRY D.
120 COUNTRYSIDE DR.
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
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 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 of the person filing this report (Signature required and must be legible) DATE: Registered Agent signature required when not filing

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	CAMPBELL, JERRY	
STREET ADDRESS	120 COUNTRYSIDE DR.	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	D	DELETE
NAME	BERNSTEIN, MIKE	
STREET ADDRESS	1219 ASTORWOOD CT	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL	
TITLE	P	DELETE
NAME	LIOFELDT, LARRY	
STREET ADDRESS	540 E HORATIO AVE	
CITY-STATE-ZIP	MAITLAND FL	
TITLE	D	DELETE
NAME	SCHLAGHECK, TIM	
STREET ADDRESS	103 SHIPLEY CT.	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	D	DELETE
NAME	HARRIS, MARY	
STREET ADDRESS	194 BRISTOL PT	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	D	DELETE
NAME	SCHLAGHECK, TIM	
STREET ADDRESS	103 SHIPLEY CT.	
CITY-STATE-ZIP	LONGWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		Change	Addition
12. NAME			
13. STREET ADDRESS			
14. CITY-STATE-ZIP			
21. TITLE	Director	Change	Addition
22. NAME	Larry Martin		
23. STREET ADDRESS	230 Cambridge Dr.		
24. CITY-STATE-ZIP	Longwood FL 32779		
31. TITLE		Change	Addition
32. NAME			
33. STREET ADDRESS			
34. CITY-STATE-ZIP			
41. TITLE	Director	Change	Addition
42. NAME	Norm Santomuro		
43. STREET ADDRESS	579 Calibre Crest Parkway #202		
44. CITY-STATE-ZIP	Altamonte Spgs. FL 32714		
51. TITLE		Change	Addition
52. NAME			
53. STREET ADDRESS			
54. CITY-STATE-ZIP			
61. TITLE		Change	Addition
62. NAME			
63. STREET ADDRESS			
64. CITY-STATE-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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Jerry D Campbell* **Jerry Campbell** 1/23/96 407 648-4024

CR2E037 (12/95)