FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FILED FLORIDA DEPARTMENT OF STATE Jul 23 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # N 47101 1. Corporation Name WEST SEMINOLE PONY BASEBALL, INC Principal Place of Business Mailing Address 7. Nonprofit w/IRS SOI(c)(3) To P.O. Box 915369-TAX EXEMPT STATUS SAME 3. Date incorporated or Qualified [3a. Date of Last Report LONGWICE, FL 32779 01/31/92 2. Principal Place of Business 4. FEI Number 2a. Malling Address Applied For 26 Not Applicable Suite, Apt. ., etc. Sulte, Apt. +, etc. \$8.76 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Gampaign Financing 23 28 Trust-Fund-Contribution Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under a 199.032, 24 30 Florida Statutes Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MARK S. POTTER CAMPBELL, JERRY D. Street Address (P.O. Box Number is Not Acceptable) 82 120 COUNTRYSINE DR. 209 WILD CREEK 83 LONGWOOD, FL 32779 B4 City BB Zip Code LONGWOOD. 32779 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. 5. POTTER (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. NORMAN SANTOMAURO 1.1 TITLE TITLE 1.2 NAME NAME 579 CALIBRE CREST PKY 1.3 STREET ADDRESS STREET ADDRESS ALMAMONTE SPRINGS, FL 32714 CITY - ST - ZIP 1.4 CITY - ST - ZIP 2.1 TITLE TITLE DELETE Addition MARK S. POTTER 2.2 NAME NAME 209 MLD CREEK CT. 2.3 STREET ADDRESS STREET ADDRESS LONGWUD, FL 32779 2.4 CITY - ST - ZIP CITY - ST - ZIP TITLE 3.1 TITLE CARRY MARTIN 230 CAMBRIOGE PR DELETE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32779 3.4 CITY - ST - ZIP CITY - ST - ZIP 4.1 TITLE TITLE DELETE Addition 4.2 NAME BOB BEICHER 1942 BEARVIEW DR, APORKA, FL 32703 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE 600002246126 **6.2 NAME** NAME **5.3 STREET ADDRESS** STREET ADDRESS -07/24/97--01006--028 5.4 CITY - ST - ZIP CITY - ST - ZIP ***61.25 6.1 TITLE Additten TITLE DELETE Change 6.2 NAME NAME **6.3 STREET ADDRESS** 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. IGNATURE: **TOTAL S PS tt.** 6/10/97 1518623781 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone