FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:40
TALLAHASSEE, FLORIDA

DOCUMENT # N49188 (8)

1. Corporation Name
LAKE CITY/COLUMBIA COUNTY YOUTH BASEBALL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1845 LAKE CITY FL 32055	P.O. BOX 1845 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1992
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3121410 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

9. Name and Address of Current Registered Agent

MUENCHEN, JOHN R.
ROUTE 13, BOX 1054
LAKE CITY FL 32055

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 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P/D ☒ Change ☐ Addition
NAME	REGISTER, JERRY	12 NAME	GRANGER, ROBERT P. (N/A)
STREET ADDRESS	RT 9, BOX 1036	13 STREET ADDRESS	P.O Box 2403
CITY ST ZIP	LAKE CITY FL	14 CITY ST ZIP	LAKE CITY, FL 32056
TITLE	VP	21 TITLE	V. P. ☒ Change ☐ Addition
NAME	DOUGLAS, VERNON,	22 NAME	Douglas, Vernon
STREET ADDRESS	COLUMBIA CITY COURTHOUSE	23 STREET ADDRESS	Columbia County Courthouse
CITY ST ZIP	LAKE CITY FL 32055	24 CITY ST ZIP	Lake City, FL 32055
TITLE	D	31 TITLE	D. ☒ Change ☐ Addition
NAME	BEDENBAKGH, NELSON ,	32 NAME	Bedenbaugh, Nelson
STREET ADDRESS	ROUTE 6, BOX 507	33 STREET ADDRESS	Route 6, Box 507
CITY ST ZIP	LAKE CITY FL	34 CITY ST ZIP	Lake City, FL 32055
TITLE	D	41 TITLE	D. ☒ Change ☐ Addition
NAME	MUENCHEN, JOHN	42 NAME	William Van Smithey
STREET ADDRESS	3 OSCEOLA CIRCLE	43 STREET ADDRESS	1925 South Front St.
CITY ST ZIP	LAKE CITY FL	44 CITY ST ZIP	Lake City, FL, 32025
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	900001504239
STREET ADDRESS		53 STREET ADDRESS	-06/02/95--01020--018
CITY ST ZIP		54 CITY ST ZIP	****130.00 ****130.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1 + 5.

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)(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 any attachment with an address.

SIGNATURE: Robert P. Granger 4/11/95 (904)758-3747
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0022235