FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

N49188

(8)

LAKE CITY/COLUMBIA COUNTY YOUTH BASEBALL, INC.

Lrine C	in 1700Eombirt Coonti 1	OUT DIOLOGICE, II	107						
Principal Place of	of Business	Mailing Address						#1861 81911 1881	
P.O. BOX 1845 LAKE CITY FL 3205\$		P.O. BOX 1845 LAKE CITY FL 32058							
						3. Date Incorporated or Qualified 06/02/1992	3a. Date of Last F 05/01/1	•	
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number	Applied For		
25		26				59-3121410	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24 32056 25		29 32056	56 30			Florida Statutes 🔲 Yes 📉 No			
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Regi	stered Agent		
			-	81 1	Name				
MUENCHEN, JOHN R. ROUTE 13, BOX 1054				82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
	13, BOX 1004 TY FL 320 5 5		Ţ	83					
Date of	24			B4	City		85 Zip	Code	
			1	1	•			j	
11. Pursuant to or registere familiar with	o the provisions of Sections 617.0502 ad agent, or both, in the State of Florid in and accept the obligations of, Secti	and 617.1508, Florida Statut da. Such change was authoriz on 617.0503 Florida Statutes	es, the aboved by the cost.	e-na orpor	med corpor ation's boar	ation submits this statement for the purpo d of directors. I hereby accept the appoint	VLI I	egistered office agent. I am	
SIGNATURE Signature, typed or printed name of registering about and title of applicable. (NOTE: Registered Agr.					incat as analism	duton microstolism	730196		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TITLE	PD	I Morrere		LE	P		Change	Addition	
NAME	GRANGER, ROBERT P		1.2 NA	ME	Ja	mes Wilkinson	•		
STREET ADDRESS	P.O. BOX 2403 (N/A)		1.3 STI	REET AI	DDRESS R	oute 9 Box 413B			
CITY-ST-ZIP	LAKE CITY FL 32056		1.4 CIT	Y-\$T-	ZIP L.4	ke Gity FL 32024			
TITLE	V	DELETE	2.1 TIT	LE	V		🔀 Change	Addition	
NAME	DOUGLAS, VERNON,	•	2.2 NA	ME	H	al Crews 57 Rose Dr.			
STREET ADDRESS	COLUMBIA CITY COURTHOU	JSE	2.3 ST	REET A					
CITY-ST-ZIP	LAKE CITY FL 32055		2. 4 CF	IY-SI	-ZIP	ske Gly FL 32028			
TITLE	D ų	DELETE	3.1 TIT	LE		elson Bedenbau	Change	☐ Addition	
NAME	BEDENBAKGH, NELSON ,		3.2 NA	ME	Ň	outes Box 507	5.1		
STREET ADDRESS	ROUTE 6, BOX 507 25		3351	REET A					
CITY-ST-ZIP	LAKE CITY FL 32055		3 4. Cf		- ZiP	ake Gity FL 32025	PW Observe	T A A A D Co. o.	
TITLE	D	DELETE	4.1 TIT			hn Muenchen	Change	Addition	
NAME	WILLIAM, VAN SMITHEY		4. 2 N	ME	20	oute 13 Box 1054	•		
STREET ADDRESS	1925 SOUTH FIRST ST.				DDRESS	ele (b. c. 33834			
CITY-ST-ZIP	LAKE CITY FL 32025	Clocusts	4.4 Ci		ZIP ' L.C	ake Gity FL 32024	☐ Change	☐ Addition	
TITLE		DELETE	5.1 71				onlings	LI AGGREGIE	
NAME			5.2 NA						
STREET ADDRESS			1		DDRESS				
CITY-ST-ZIP		DELETE	54 CF		-ZIP		Change	Addition	
TITLE		□]OELE1E	61 TIT				First Currido		
NAME			6.2 NA		ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	or certify that the information supplied	with this filing is voluntarily fur		IY-ST-		for the exemption stated in Section 119.07	(3)(k). Florida Statu	es. I further	

4. 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). Horizon statutes, i nurrier 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 cath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (904) 752-3300