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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 32056	P.O. BOX 1845 LAKE CITY FL 32056-1845

3. Date Incorporated or Qualified: **06/02/1992**
3a. Date of Last Report: **05/01/1996**

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

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MUENCHEN, JOHN R.
ROUTE 13, BOX 1054
LAKE CITY FL 32024

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: John R Muenchen John R Muenchen DATE: 3/7/97
(Typed or printed name of person signing) (Title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, JAMES		1.2 NAME	
STREET ADDRESS	ROUTE 9 COX 463B		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32024		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CREWS, HAL		2.2 NAME	
STREET ADDRESS	757 ROSE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BEDENBAUGH, NELSON		3.2 NAME	
STREET ADDRESS	ROUTE 6 BOX 507		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MUENCHEN, JOHN		4.2 NAME	
STREET ADDRESS	ROUTE 13 BOX 1054		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32024		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John R Muenchen John R Muenchen 3/7/97 904-755-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000683