NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49188

1. Corporation Name

LAKE CITY/COLUMBIA COUNTY YOUTH BASEBALL, INC.

Principal Place of Business P.O. 80X 1845

LAKE CITY FL 32056

Mailing Address

P.O. BOX 1845 LAKE CITY FL 32056

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90011 047 ****61.25



2. Principal	Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		
21	26				06/02/1992		
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number		lied For
22	27				59-3121410		Applicable
City & St	City & State City & State				5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country Zip C			6. Election Campaign Financing \$5.00 May Be			May Be
24	25 29 30			Trust Fund Contribution Added to Fees			Fees
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
			81	Name			
MICHOLEM IOUNI D				82 Street Address (P.O. Box Number is Not Acceptable)			
MUENCHEN, JOHN R.				64 Suber Address (F.O. Box Humbor is Not Acceptable)			
5012 US HIGHWAY 90 WEST							
LAKE CITY FL 32005			84			11	
				City	FI		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	WILKINSON, JAMES		1.2 NAME				ſ
STREET ADDRES			1.3 STREE	ADDRESS			i
CITY-ST-ZIP	110012 3 00% 4005		1.4 CITY-S	r-zip			
TITLE	V	☐ DELETE	2.1 TITLE			Change	Addition
NAME	CREWS, HAL		2.2 NAME				1
STREET ADDRES			2.3 STREE	ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32025		2. 4 CITY-5	T-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	BEDENBAUGH, NELSON		3.2 NAME				
STREET ADDRES	1		3.3 STREE	ADDRESS			}
CITY-ST-ZIP	LAKE CITY FL 32025		3.4. CITY- S	T-ZIP			
TITLE	T DELETE		4.1 TITLE			Change	☐ Addition
NAME	MUENCHEN, JOHN		4. 2 NAME				}
STREET ADDRES			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	r-zip			
TITLE		☐ DELETE 5.1 TI				Change	☐ Addition
NAME			5.2 NAME]
STREET ADDRES	ss		5.3 STREE	ADDRESS			}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	-		Change	☐ Addition
NAME			6.2 NAME	Ì			Į
STREET ADDRES	ss		6.3 STREE	ADDRESS			Ì
CITY-ST-ZIP			6.4 CITY-S		Carling 440 07/2VI) Florida Statuton I further or		

Thereby 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 informatio 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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR

29 99 904-755-08

Daytime Phone #

32E037 (11/98)