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May 06 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 # **N49449**
1. Corporation Name
NORTH BROWARD GIRLS' SOFTBALL LEAGUE, INC.

Principal Place of Business Mailing Address
**500 SOUTH CYPRESS ROAD
POMPANO BEACH, FL 33060**

2. Principal Place of Business 21 500 S Cypress Rd	2a. Mailing Address 26 Same	3. Date Incorporated or Qualified 6/19/92	3a. Date of Last Report 1996
22 State, Apt. #, etc. Pompano Beach, FL	27 Suite, Apt. #, etc. FL	4. FEI Number 65-0431434	Applied For <input type="checkbox"/> Not Applicable
23 City & State Pompano Beach, FL	28 City & State FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33060	25 Country USA	29 Zip 33060	30 Country USA
9. Name and Address of Current Registered Agent WILLIAM S. W. ALLISON 500 SOUTH CYPRESS ROAD POMPANO BEACH, FLORIDA 33060		10. Name and Address of New Registered Agent 81 Name SAME	
		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 *William S. W. Allison* DATE **4-18-97**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME: WILLIAM S. W. ALLISON STREET ADDRESS: 500 SOUTH CYPRESS ROAD CITY - ST - ZIP: POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME: PRESIDENT 1.3 STREET ADDRESS: Director 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME: SUE ALLISON STREET ADDRESS: 500 SOUTH CYPRESS ROAD CITY - ST - ZIP: POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME: VICE PRESIDENT 2.3 STREET ADDRESS: Director 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME: JO BURGESS STREET ADDRESS: 2632 N. E. 27TH COURT CITY - ST - ZIP: LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.1 TITLE 3.2 NAME: Director 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: *Sue Allison* DATE: **4/18/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)