

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

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DOCUMENT # N49449

1. Corporation Name

NORTH BROWARD GIRLS' SOFTBALL LEAGUE, INC.

Principal Place of Business

500 S. CYPRESS RD.  
POMPANO BEACH FL 33060

Mailing Address

500 S. CYPRESS RD.  
POMPANO BEACH FL 33060



2. Principal Place of Business

21 500 S Cypress Rd

Suite, Apt. #, etc.

22 City & State

23 Pompano Bch, FL

Zip Country

24 33060

25 Broward

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Same

Zip Country

29 Same

30

3. Date Incorporated or Qualified

06/18/1992

4. FEI Number

65-0431434

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

9. Name and Address of Current Registered Agent

ALLISON, SUE  
500 S. CYPRESS RD.  
POMPANO BEACH FL 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 Sue Allison

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PFD  
NAME ALLISON, WILLIAM S.  
STREET ADDRESS 500 S. CYPRESS RD.  
CITY-ST-ZIP POMPANO BEACH FL

DELETE

TITLE VPD  
NAME ALLISON, SUE  
STREET ADDRESS 500 S. CYPRESS RD.  
CITY-ST-ZIP POMPANO BEACH FL

DELETE

TITLE D  
NAME BURGESS, JO  
STREET ADDRESS 2632 N. E. 27TH COURT  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

Sue Allison

SIGNATURE REQUIRED VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

954-781-2668

Daytime Phone #

CR2E037 (11/98)