FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N93000001524 (8)

TEMPLE TERRACE PONY BASEBALL, INC.

Mailing Address Principal Place of Business P.O. BOX 16385 P.O. BOX 16385 TEMPLE TERRACE FL 33687-6385 **TEMPLE TERRACE FL 33687**

FILED Aug 06 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 04/06/1993 3a. Date of Last Report 08/14/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3187452 Not Applicable
Suite, Apt,	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		ree Hequirea
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23	Country	Zip	Country	Trust Fund Contribution Added to Fees
Zip	₩	29 3	กหัวไปรbo	a. This corporation has liability for Intangible tax under s. 199.032, rough Florida Statutes ☐ Yes 🔀 No
24 * }	25 25 Name and Address of Current	17		10. Name and Address of New Registered Agent
1 1			81 Name	
מא (יוטו	D, WILLIAM M., JR.		100	
	WIGGS STREET, SUITE 503		82 Street	Address (P.O. Box Number is Not Acceptable) 228 Willowick Ave.
TAMPA F			83	220 WIIIOWICK IIVO.
IUMIUI	£ 9300E		20 -	land at a section
#	nder →	•	84 City	Temple Terrace, 85 Zip Code 33617
11. Pursuent 1	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 re	egistered agent, or both, in the State on tamiliar with, and accept the obligation	of Florida, Such change was autions of Section 617,0503. Florid	thorized by the corp da Statutes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	:	ione or booken our book, Florid		
_SIGNATURE _	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: F	Registered Agent signature	e required when reinstating) DATE
10, 2	O FFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Res	☐ DELETE	1.1 TITLE	T Change 4 Addition
NAME	ATWOOD DONALD K.		1.2 NAME	Mark Houmes
STREET ADOR	4423 PORPOISE DR.		1.3 STREET ADDRESS	7610 N. Samibel Circle
CITY-ST-ZIP	TAMPA FL 33617		1.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	TS	☐ DELETE	2.1 TITLE	T Change ☑ Addition
NAME	ATWOOD, SUSAN		2.2 NAME	John Clonts 7005 Rivergate Ave.
STREET ADDRESS	4423 PORPOISE DRIVE		2.3 STREET ADDRESS	Temple Terrace, FL 33617
CITY-ST-ZIP	TAMPA FL 33617:	X DELETE	2. 4 CITY-ST-ZIP	T Change X Addition
TITLE	TVP	TY DETEIF	3.1 TITLE	Thomas Buck
NAME	ESHELMAN, DEAN		3.2 NAME	1233 Tuxford Drive
STREET ADDRESS	209 REDWOOD DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	DELETE	3.4. CITY-ST-ZIP	Brandon, FL 33511
TITLE	VOLIMO DOLLOLAS	- Libert	4.1 TITLE 4. 2 NAME	C Change C Addition
NAME .	YOUNG, DOUGLAS		4. 2 NAME 4.3 STREET ADDRESS	·
STREET ADDRESS	13309 NORTH 53RD STREET		1	
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	4.4 City - St - ZIP 5.1 Title	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
			5.4 CITY-ST-ZIP	
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	
14. Ldo heret	by certify that the information supplied	with this filing does not qualify	for the exemption s	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.				
CIGNATURE, Donald R. NATWOOD 11 OUT 11 POUR DE MARINE 2.3/-87				