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Apr 23 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 # **N93000001864 (8)**

1. Corporation Name

**ORLANDO SENIOR BASEBALL ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**618 MAYFAIR DR  
ALTAMONTE SPRINGS FL 32701**

**618 MAYFAIR DR  
ALTAMONTE SPRINGS FL 32701-6237**

3. Date Incorporated or Qualified  
**04/23/1993**

3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-3196962**

Applied For  
 Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

23. Zip

Country

28. Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VOGLER, GILBERT  
618 MAYFAIR DR  
ALTAMONTE SPRINGS FL 32701**

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

*Gilbert Vogler*

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

(NOTE: Registered Agent signature required when reinstating)

**3-14-97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **VOGLER, GILBERT**  
STREET ADDRESS **618 MAYFAIR DR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **MANOS, TED**  
STREET ADDRESS **123 OAKLEIGH LANE**  
CITY-ST-ZIP **MAITLAND FL 32751**

2.1 TITLE  Change  Addition  
2.2 NAME **GEORGE TASHJIAN**  
2.3 STREET ADDRESS **6765 LUMBERJACK LN**  
2.4 CITY-ST-ZIP **LAKE MARY, FL**

TITLE  DELETE  
NAME **SPILLOTIS, CHRIS**  
STREET ADDRESS **2527 GRESHAM ST**  
CITY-ST-ZIP **ORLANDO FL 32807**

3.1 TITLE  Change  Addition  
3.2 NAME **n/r**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **STEPHEN, BACALLAO**  
STREET ADDRESS **4300 GABRIELLA LANE**  
CITY-ST-ZIP **WINTER PARK FL**

4.1 TITLE  Change  Addition  
4.2 NAME **DAVE FILTER**  
4.3 STREET ADDRESS **3714 EDLAND**  
4.4 CITY-ST-ZIP **ORLANDO, FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Sandra B. Mortham*

SECRETARY OF STATE

**3-14-97**

CR2E037 (9/96)