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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000001864

1. Corporation Name ORLANDO SENIOR BASEBALL ASSOCIATION, INC.

Principal Place of Business 618 MAYFAIR DR ALTAMONTE SPRINGS FL 32701

Mailing Address 618 MAYFAIR DR ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 04/23/1993

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number 59-3196962

Applied For Not Applicable

23. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETED 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 DVP DELETED NAME TASHTIAN, GEORGE STREET ADDRESS 6765 LUMBERJACK LANE CITY-ST-ZIP LAKEMARY FL

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE DS DELETED NAME SPILIOTIS, CHRIS STREET ADDRESS 3877 VILLA ROSE LN CITY-ST-ZIP ORLANDO FL 32808

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE DELETED 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99

Date

407-930-7749

Daytime Phone #

CR2E037 (1/198)