

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002150 (1)

1. Corporation Name

TW FASTPITCH, INC.



Principal Place of Business

**650 GOODLETTE ROAD NORTH
NAPLES FL 33941**

Mailing Address

**P.O. BOX 9075
NAPLES FL 33941**

3. Date Incorporated or Qualified
05/11/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
65-0408875

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

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Country

29

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Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAIRD, DOUGLAS E
2360 ROCK ROAD
NAPLES FL 33964**

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 617.05(2) 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

TITLE **DP** ☐ DELETE
NAME **BAIRD, DOUGLAS E**
STREET ADDRESS **2360 ROCK RD.**
CITY-ST-ZIP **NAPLES FL 33964**

TITLE **DV** ☐ DELETE
NAME **LUTSI, ANTHONY**
STREET ADDRESS **1998 IMPERIAL GOLF COURSE BLVD.**
CITY-ST-ZIP **NAPLES FL 33942**

TITLE **DS** ☐ DELETE
NAME **MORGAN, DAWN**
STREET ADDRESS **1768 CYPRESS WAY EAST**
CITY-ST-ZIP **NAPLES FL 33942**

TITLE **DT** ☐ DELETE
NAME **LUTSI, DONNA**
STREET ADDRESS **1998 IMPERIAL GOLF COURSE BLVD.**
CITY-ST-ZIP **NAPLES FL 33942**

TITLE **D** ☐ DELETE
NAME **MORGAN, MICHAEL**
STREET ADDRESS **1768 CYPRESS WAY EAST**
CITY-ST-ZIP **NAPLES FL 33942**

TITLE **D** ☐ DELETE
NAME **BABB, CHARLES**
STREET ADDRESS **371 HERON AVE.**
CITY-ST-ZIP **NAPLES FL 33942**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Anthony B. Lutsi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

941-649-1115

Date

Daytime Phone

CR2E037 (12/95)