

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 # N93000005679 (6)

1. Corporation Name
LAKELAND DIAMONDS, GIRLS FASTPITCH SOFTBALL, INC



Principal Place of Business: POST OFFICE BOX 5800 LAKELAND FL 33807
Mailing Address: POST OFFICE BOX 5800 LAKELAND FL 33807

3. Date Incorporated or Qualified: 12/14/1993
3a. Date of Last Report: 06/07/1995

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number: 59-3215446
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

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

RUTENBAR, CHERYL
415 HIBISCUS DRIVE
LAKELAND FL 33803

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: Cheryl Rutenbar (handwritten signature) DATE: 4/29/96

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUTENBAR, CHERYL	
STREET ADDRESS	415 HIBISCUS DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEORGES, NANCY	
STREET ADDRESS	102 SHADOW LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, KEN	
STREET ADDRESS	3132 HOOFPRIINT LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, MIKE	
STREET ADDRESS	6315 TIMUCUANS DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Treasurer TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cheryl Rutenbar	
1.3 STREET ADDRESS	415 Hibiscus Dr	
1.4 CITY-ST-ZIP	Lakeland, FL 33803	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nancy Georges	
2.3 STREET ADDRESS	102 Shadow Lane	
2.4 CITY-ST-ZIP	Lakeland, FL 33813	
3.1 TITLE	President PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Linda Morgan	
3.3 STREET ADDRESS	5919 Myrtle Hill Dr. W.	
3.4 CITY-ST-ZIP	Lakeland, Florida 33811	
4.1 TITLE	Vice President VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gwen Sweet	
4.3 STREET ADDRESS	2127 Groveglen Ln. S.	
4.4 CITY-ST-ZIP	Lakeland, Florida 33813	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400001856404	
6.3 STREET ADDRESS	-06/10/96--01009--005	
6.4 CITY-ST-ZIP	***61.25	

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: Cheryl Rutenbar (handwritten signature) DATE: 4/29/96 941-688-5664

CR2E037 (12/95)