FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

1995 MAR 10 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N94000001086 (7)

1. Corporation Name

LADY SAILORS SOFTBALL, INC.

Principal Place of Business	Mailing Address
7 SOUTH LIME AVENUE SARASOTA F; 34237	7 SOUTH LIME AVENUE SARASOTA F; 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report:
4. FEI Number: 65-0481315 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KURVIN, STEPHEN H
7 SOUTH LIME AVENUE
SARASOTA F; 34237

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		1.1 TITLE	VICE-PRESIDENT ☐ Change ☒ Addition
*NAME	WINGATE, TERRY		1.2 NAME	D- SCHMIDT, JEFF
STREET ADDRESS	5230 BOX TURTLE CIRCLE		1.3 STREET ADDRESS	3629 WOODMINT DR.
CITY-ST-ZIP	SARASOTA FL 34232	PRESIDENT OK.	1.4 CITY-ST-ZIP	SARASOTA, FL. 34232
TITLE	D		2.1 TITLE	-VICE-PRESIDENT- ☐ Change ☒ Addition
NAME	ROBERTS, ELLEN		2.2 NAME	D- CRISTIANI, DEBBIE
STREET ADDRESS	4806 WILD DOVE LANE	DELETE	2.3 STREET ADDRESS	206 ST. LUCIE AVE
CITY-ST-ZIP	SARASOTA FL 34232		2.4 CITY-ST-ZIP	SARASOTA, FL. 34232
TITLE	D		3.1 TITLE	-TREASURER- ☐ Change ☒ Addition
NAME	PATELLA, NICHOLAS		3.2 NAME	D- NEIDERT, LINDY
STREET ADDRESS	2217 LIME OAK COURT	DELETE	3.3 STREET ADDRESS	2212 CORK OAK ST. W.
CITY-ST-ZIP	SARASOTA FL 34232		3.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D		4.1 TITLE	-SECRETARY- ☐ Change ☒ Addition
NAME	CRISTIANI, DEBBIE		4.2 NAME	D. GORDON, TERRI
STREET ADDRESS	206 ST. LUCIE AVENUE	DELETE	4.3 STREET ADDRESS	4631 BUSTI WAY
CITY-ST-ZIP	SARASOTA FL 34232		4.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE			5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	B000001 420058
STREET ADDRESS			5.3 STREET ADDRESS	-03/13/95--01062--004
CITY-ST-ZIP			5.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE			6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	DEA
STREET ADDRESS			6.3 STREET ADDRESS	3-10
CITY-ST-ZIP			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)(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: Terry Wingate TERRY WINGATE, PRES. 1-29-95 813-371-2062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018787