

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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



3. Date Incorporated or Qualified
03/03/1994

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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

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

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

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 D
NAME WINGATE, TERRY
STREET ADDRESS 5230 BOX TURTLE CIRCLE
CITY-ST-ZIP SARASOTA FL 34232

☒ DELETE

TITLE VP
NAME SCHMIDT, JEFF
STREET ADDRESS 3629 WOODMONT DR.
CITY-ST-ZIP SARASOTA FL 34232

☒ DELETE

TITLE TD
NAME NEIDERT, LINDY
STREET ADDRESS 2212 CORK OAK ST. W.
CITY-ST-ZIP SARASOTA FL 34232

☒ DELETE

TITLE SD
NAME GORDON, TERRI
STREET ADDRESS 4631 BURSTI WAY
CITY-ST-ZIP SARASOTA FL 34232

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PRESIDENT - D
1.2 NAME SCHMIDT, JEFF
1.3 STREET ADDRESS 3629 WOODMONT DR
1.4 CITY-ST-ZIP SARASOTA, FL 34232

☐ Change ☒ Addition

2.1 TITLE V.P.
2.2 NAME HENDRICKSON, CARL
2.3 STREET ADDRESS 4042 DYER LN.
2.4 CITY-ST-ZIP SARASOTA, FL 34232

☐ Change ☒ Addition

3.1 TITLE TD
3.2 NAME SCHURR, CYNDI
3.3 STREET ADDRESS 2559 WOOD OAK DR
3.4 CITY-ST-ZIP SARASOTA, FL 34232

☐ Change ☒ Addition

4.1 TITLE S.P.
4.2 NAME GORDON, TERRI
4.3 STREET ADDRESS 4631 BURSTI WAY
4.4 CITY-ST-ZIP SARASOTA 34232

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

941-377-3242

Daytime Phone #

CR2E037 (12/95)