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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000002379 (5)

1. Corporation Name

CHARLOTTE COUNTY GIRLS FASTPITCH SOFTBALL, INC.



Principal Place of Business

P.O. BOX 1046  
MURDOCK FL 33938-1046

Mailing Address

P.O. BOX 1046  
MURDOCK FL 33938-1046

3. Date Incorporated or Qualified  
05/09/1994

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 381046

26 P.O. Box 381046

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
59-3216833

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

VARNER, STEVE  
30505 TURTLE DOVE LN  
PUNTA GORDA FL 33982

81 Name Paul Greenockle

82 Street Address (P.O. Box Number is Not Acceptable)  
1332 Hinton Street

83

84 City Port Charlotte FL 85 Zip Code 33952

11. Pursuant to the provisions of Sections 617.0902 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

*Paul Greenockle*

(NOTE: Registered Agent signature required when reinstating)

4/11/96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME VARNER, STEVE  
STREET ADDRESS 30505 TURTLE DOVE LN  
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE VD ☒ DELETE  
NAME TOWNE, RICK  
STREET ADDRESS 1173 BELMAR AVE  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE SD ☐ DELETE  
NAME FABIAN, CAROL  
STREET ADDRESS 4520 GRASSY PT. BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE TD ☐ DELETE  
NAME TOWNE, PATTI  
STREET ADDRESS 1173 BELMAR AVE  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ DELETE  
NAME ZIERMANN, BOB  
STREET ADDRESS 21241 WINSIDE AVE  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. ☒ Change ☐ Addition  
1.2 NAME Paul Greenockle  
1.3 STREET ADDRESS 1332 Hinton St.  
1.4 CITY-ST-ZIP Port Charlotte, FL 33952

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: *Patti Towne* *Patti Towne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 941-743-1074

Date

Daytime Phone #

CR2E037 (12/95)