

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002882 (8)

1. Corporation Name

FOREST HILLS YOUTH BASEBALL, INC.

Principal Place of Business

Mailing Address

9630 ORANGE GROVE DR  
TAMPA FL 33618  
USP.O. BOX 270054  
TAMPA FL 33688-0054  
US3. Date Incorporated or Qualified  
06/10/19943a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25 29 30

4. FEI Number  
59-3250688Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

BACCARELLA, DOMINIC J.  
1505 N FLORIDA AVE  
TAMPA FL 33202

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 DP  
NAME BISHOFF, DUANE  
STREET ADDRESS 6416 N GOMEZ  
CITY-ST-ZIP TAMPA FL1.1 TITLE DT  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE DVP  
NAME PERRY, ART  
STREET ADDRESS 10380 CARROLLWOOD LANE  
CITY-ST-ZIP TAMPA FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE DVP  
NAME TATE, RANDY  
STREET ADDRESS 2511 HOLLIS DRIVE  
CITY-ST-ZIP TAMPA FL3.1 TITLE DP  
3.2 NAME William J. Geyer  
3.3 STREET ADDRESS 148 Whitaker Rd  
3.4 CITY-ST-ZIP Lutz FL 33549TITLE DVP  
NAME CASTELLON, ARMANDO  
STREET ADDRESS 1101 METWOOD COURT  
CITY-ST-ZIP BRANDON FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE DS  
NAME JONES, JUDY  
STREET ADDRESS 1021 SYLVIA LANE  
CITY-ST-ZIP TAMPA FL5.1 TITLE DV  
5.2 NAME Jessica Wittcoff  
5.3 STREET ADDRESS 11744 Lipsey Rd  
5.4 CITY-ST-ZIP Tampa, FL 33618TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE DS  
6.2 NAME Doreen Kidd  
6.3 STREET ADDRESS 14305 Lorton Way  
6.4 CITY-ST-ZIP Tpa FL 33625

14. I do hereby certify that the information supplied with this filing 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:

Duane B. Bishoff

Duane B. Bishoff

1/10/97

(813) 254-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049423

CR2E037 (9/96)