FILE NOW: FILING FEE IS \$61.25

Mailing Address

P.O. BOX 270054

Tampa Fl 33688

2a. Mailing Address

City & State

Suite, Apt. #, etc

26

27

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

9630 ORANGE GROVE DR

Suite, Apt. #, etc.

City & State

TAMPA FL 33618

22



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

П

(813) 254-7770

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

06/10/1994

59-3250688

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000002882 (8)

FOREST HILLS YOUTH BASEBALL, INC.

14305 LOFTON WAY

TAMPA FL

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

7. Is this nonprofit corporation a homeowners association? Yes X No 23 28 Ζip Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BACCARELLA, DOMINIC J Street Address (P.O. Box Number is Not Acceptable) 1505 N FLORIDA AVE 0.3 **TAMPA FL 33202** City Zip Code 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change ☐ Addition BISHOFF, DUANE NAME 1.2 NAME 6416 N GOMEZ STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DVP DELETE. TITLE 21 T/TLF Change Addition PERRY, ART NALES 22 NAME 10380 CARROLLWOOD LANE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition TITLE 3.1 TITLE GEYER, WILLIAM J. NAME 3.2 NAME 148 SHITAKER ROAD STREET ADDRESS 3.3 STREET ADDRESS LUTZ FL 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition CASTELLON, ARMANDO 4. 2 NAME 1101 METWOOD COURT STREET ADDRESS 4.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE WITTCOFF, JESSICA NAME 5.2 NAME 11744 LIPSEY ROAD STREET ADDRESS **5.3 STREET ADDRESS** TAMPA FL CHTY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition KIDD COREEN NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 address.

DUME B. BISKOFF