

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90053 038 ****61.25

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1. Corporation Name

MISS PINELLAS PARK SOFTBALL, INC.

Principal Place of Business

9836-52 TERRACE NORTH
ST. PETERSBURG FL 33708

Mailing Address

P.O. BOX 2124
PINELLAS PARK FL 33781



2. Principal Place of Business

21 **7500-61st St. No.**

Suite, Apt. #, etc.

22

City & State

23 **Pinellas Park, FL**

Zip

24 **33781**

Country

25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

Zip

29 Country

30

3. Date Incorporated or Qualified

07/15/1994

4. FEI Number

59-3416084

☒ 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

9. Name and Address of Current Registered Agent

RIQUELME, DEBORAH
9836-52 TERRACE NORTH
ST. PETERSBURG FL 33708

10. Name and Address of New Registered Agent

81 Name **Lambert, Kathy**
82 Street Address (P.O. Box Number is Not Acceptable)
5780-79th Avenue North
83
84 City **Pinellas Park** **FL** 85 Zip Code **33781**

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

Kathy Lambert

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/99

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **FABIAN, THOMAS**
STREET ADDRESS **3521-40 STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **DV** ☐ DELETE
NAME **FUDGE, SCOTT**
STREET ADDRESS **7340-10 AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **DS** ☒ DELETE
NAME **LAMBERT, KATHY**
STREET ADDRESS **5780-79TH AVENUE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **DT** ☒ DELETE
NAME **RIQUELME, DEBORAH**
STREET ADDRESS **9836-52 TERRACE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **Nancy Holdstein**
3.3 STREET ADDRESS **8201-37th Ave. No.**
3.4 CITY-ST-ZIP **St. Petersburg, FL 33710**

4.1 TITLE **DT** ☒ Change ☐ Addition
4.2 NAME **Lambert, Kathy**
4.3 STREET ADDRESS **5780-79th Ave. No.**
4.4 CITY-ST-ZIP **Pinellas Park, FL 33781**

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 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, with all other like empowered.

SIGNATURE:

Kathy Lambert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99
Date

727-545-8662
Daytime Phone #

CR2E037 (11/98)