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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N95000000138

1. Corporation Name

THE SUNCOAST SOFTBALL LEAGUE, INC.

Principal Place of Business

P.O. BOX 15161
 TAMPA FL 33634-5161

Mailing Address

P.O. BOX 15161
 TAMPA FL 33634-5161



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/09/1995

4. FEI Number

APPLIED FOR 59-3526755

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

TRAVIS, GERALD P JR.
 12013 FRUITWOOD DRIVE
 RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name **RICH E. SEARLS**
 82 Street Address (P.O. Box Number is Not Acceptable)
9105 TUDOR DR. #203
 83
 84 City **TAMPA** FL 85 Zip Code **33615**

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

Rich Searls

4/21/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	TRAVIS, GERALD P JR.	12013 FRUITWOOD DR.	RIVERVIEW FL 33569	<input checked="" type="checkbox"/>
VD	SEARLS, RICH	9501 TUDOR DRIVE	TAMPA FL 33615	<input checked="" type="checkbox"/>
SD	HERRERA, RACHAEL	7504 WINGING WAY DRIVE	TAMPA FL 33615	<input type="checkbox"/>
TD	HOWARD, MARK	6905 N. 17TH STREET	TAMPA FL 33610	<input type="checkbox"/>
D	RAY, DEVIN	703A EAST BAY DRIVE, APT. 203	LARGO FL 33770	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	SEARLS, RICH	9105 TUDOR DR	TAMPA FL 33615	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	NONE				
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 a power of attorney.

SIGNATURE: *Rich Searls* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

813-248-3822

Date

Daytime Phone #

CR2E037 (11/98)