## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000433 (1)

ORLANDO EXPRESS SOFTBALL, INC.

Principal Place of Business

Mailing Address

## FILED Jun 05 1997 8:00am Secretary of State



1130 PALADIN CT 1130 PALADIN CT ORLANDO FL 32812 ORLANDO FL 328						
					3. Date incorporated or Qualified 01/24/1995	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 32/do Kew G			THO SEAS	La	59-3286517	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.			71100			¢0 75
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State			1		6. Election Campaign Financing	\$5.00 May Be
23 28 OD ANDO,					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	
24	[25]	29 2 328/2	30 1	.S. A		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
			81	Name		
FORD, WILLIAM L				Street	Address (P.O. Box Number is Not Accepta	ble)
1130 PALADIN CT						
ORLANDO FL 32812						
	. 3		84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
	<u> </u>					<b>FL</b>
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						
OIGHATOTIE _	Signature, typed or printed name of registered a		E: Registered Ag	nt signature	e required when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	P	☐ DELETE	1.1 TITLE		P.D	Change Addition
NAME	FORD, WILLIAM L				PORD, WILLIAM LIBO PALADIA CT	į
STREET ADDRESS				ADDRESS	1180 PAIADIN CT	
CITY-ST-ZIP			1.4 CITY-	T-ZIP	02/AMOD F1. 328/	
TITLE	· ·		2.1 TITLE 2.2 NAME		T, D	Change 🔲 Addilion
NAME	NOBLE, CINDY				Noble, Cindy	10
STREET ADDRESS	1			ADDRESS	32 66 Ken Gordons	
CITY-ST-ZIP	ORLANDO FL 32812	T pricte	2. 4 CITY-	31 - ZIP	DOIANDO FI 328	12
TITLE	S SHAVED MADY	☐ DELETE	3.1 TITLE		S, D	Change
NAME	THAYER, MARY		3.2 NAME	•	Mayer, Mary	
STREET ADDRESS	26 N. LINDEN DR.		3.3 STREE		MALLE NAME AND LOS	
CITY-ST-ZIP	ORLAND FL 32807	T DELETE	3.4. CITY-	3T - ZIP	DEIAN 00 PI 308	
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			İ
STREET ADDRESS			4.3 STREE			
CITY-ST-ZIP		——————————————————————————————————————	4.4 CiTY-5	T-ZIP		
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY+	1-2IP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-5			
14. I do herek	by certify that the information suppli	ied with this filing does not qualit	fy for the exe	mption s	stated in Section 119.07(3)(i), Florida Statut	es. I further certify that the

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 it shapped or on an attachment with an address.

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