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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000634 (4)**

1. Corporation Name

DAVIE GIRLS' SOFTBALL, INC.



Principal Place of Business

Mailing Address

**7201 SW 41 PLACE
DAVIE FL 33314**

**7201 SW 41 PLACE
DAVIE FL 33314**

3. Date Incorporated or Qualified

02/09/1995

4. FEI Number

65-0561341

Applied For

Not Applicable

2. Principal Place of Business

21 11860 SW 13 CT

2a. Mailing Address

26 P.O. Box 291371

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Davie, FL

City & State

27 Davie, FL

Zip

24 33325

Country

25 Broward

Zip

29 33329

Country

30 Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ALLEN, WILL
7201 SW 41 PLACE
DAVIE FL 33314**

10. Name and Address of New Registered Agent

81 Name Frank Ramirez
82 Street Address (P.O. Box Number Is Not Acceptable)
11860 SW 13th CT
83
84 City Davie
FL
85 Zip Code 33321

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

Frank Ramirez (Frank Ramirez - President) 2/19/98

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 PD
NAME ALLEN, WILL
STREET ADDRESS 7201 SW 41 PLACE
CITY-ST-ZIP DAVIE FL 33314 ☒ DELETE

TITLE VD
NAME DANIELS, JIM
STREET ADDRESS 6211 SW 38TH CT.
CITY-ST-ZIP DAVIE FL 33314 ☒ DELETE

TITLE SD
NAME HASKEW, LES
STREET ADDRESS 9656 SYCAMORE CT.
CITY-ST-ZIP DAVIE FL 33328 ☒ DELETE

TITLE TD
NAME LIDENT, SHERRY
STREET ADDRESS 3129 PEACHTREE CIR.
CITY-ST-ZIP DAVIE FL 33328 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Frank Ramirez ☒ Change ☐ Addition
1.3 STREET ADDRESS 11860 SW 13th CT
1.4 CITY-ST-ZIP DAVIE FL 33321

2.1 TITLE VD
2.2 NAME Jeff Norman ☒ Change ☐ Addition
2.3 STREET ADDRESS 1540 W.W. 115 Ave.
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33026

3.1 TITLE SD
3.2 NAME Kevin Rorabaugh ☒ Change ☐ Addition
3.3 STREET ADDRESS 4200 SW 67 Terr.
3.4 CITY-ST-ZIP DAVIE, FL 33314

4.1 TITLE TD
4.2 NAME Sandra Lloyd ☒ Change ☐ Addition
4.3 STREET ADDRESS 4221 SW 67 Terr
4.4 CITY-ST-ZIP DAVIE FL 33314

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)(l), 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: Frank Ramirez 2/19/98 587-9134

CR2E037 (10/97)