03251999-90039-050-$61.25-$61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

363887 - 90191 - 6

DOCUMENT # N95000000634

1. Corporation Name

DAVIE GIRLS' SOFTBALL, INC.

Principal Place of Business	Mailing Address
11860 SW 13TH CT DAVIE FL 33325 US	P O BOX 291371 DAVIE FL 33329 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1450 NW 115th AVE	28 PO BOX 291371	02/09/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0561341 ☐ Applied For ☐ Not Applicable
City & State 23 Pembroke Pines FL	City & State 28 DAVIE FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33026 Country 25	Zip 29 33329 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRANK RAMIREZ 11860 SW 13TH CT DAVIE FL 33325	81 Name JEFF NORMAN 82 Street Address (P.O. Box Number is Not Acceptable) 1450 NW 115 AVE. 83 84 City PEMBROKE PINES FL 85 Zip Code 33026

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 Jeff Norman DATE 3/22/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PRESIDENT D	☒ Change ☐ Addition
NAME	FRANK RAMIREZ		1.2 NAME	JEFF NORMAN	
STREET ADDRESS	11860 SW 13TH CT		1.3 STREET ADDRESS	1450 NW 115 AVE	
CITY-ST-ZIP	DAVIE FL 33325		1.4 CITY-ST-ZIP	PEMBROKE PINES FL. 33026	
TITLE	VD	☐ DELETE	2.1 TITLE	VICE PRESIDENT D	☒ Change ☐ Addition
NAME	JEFF NORMAN		2.2 NAME	DALE RAWLS	
STREET ADDRESS	1450 NW 115TH AVE		2.3 STREET ADDRESS	10110 SW 16th CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		2.4 CITY-ST-ZIP	DAVIE FL 33026	
TITLE	SD	☐ DELETE	3.1 TITLE	SECRETARY D	☒ Change ☐ Addition
NAME	KEVIN RORABAUGH		3.2 NAME	DON RHODES	
STREET ADDRESS	4200 SW 67TH TERR		3.3 STREET ADDRESS	10530 NW 18th PL	
CITY-ST-ZIP	DAVIE FL 33314		3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	TD	☐ DELETE	4.1 TITLE	TREASURER D	☒ Change ☐ Addition
NAME	SANDRA LLOYD		4.2 NAME	RONDA SHAMBLIN	
STREET ADDRESS	4221 SW 67TH TERR		4.3 STREET ADDRESS	4150 SW 56th AVE	
CITY-ST-ZIP	DAVIE FL 33314		4.4 CITY-ST-ZIP	DAVIE FL 33314	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 3/17/99 810 8562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #