

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90004 029 ****61.25

DOCUMENT # N95000000912

Corporation Name

FAST PITCH OFFICIALS ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

966 LAKE MIRA DR.
ORLANDO FL 32817-1646

Mailing Address

3966 LAKE MIRA DR.
ORLANDO FL 32817-1646



Principal Place of Business 1589 WARRINGTON ST.		2a. Mailing Address P.O. Box 4788		3. Date Incorporated or Qualified 04/22/1993	
Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number 59-3151357	
City & State WINTER SPRINGS, FL		2c. City & State WINTER PARK, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32708		Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DEHLER, RICHARD F 3966 LAKE MIRA DR. ORLANDO FL 32817-1646				10. Name and Address of New Registered Agent 81 Name Michael R. Kirchner 82 Street Address (P.O. Box Number is Not Acceptable) 1589 WARRINGTON ST. 83 84 City WINTER SPRINGS FL 85 Zip Code 32708	

I, 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: Michael R. Kirchner

(NOTE: Registered Agent signature required when reinstating)

DATE

9-1-1999

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	DP MORRIS, WILLIAM 460 ELLSWORTH ST. ALTAMONTE SPRINGS FL 32701	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME		1.2 NAME	
REET ADDRESS		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	DS MCLENDON, DONALD E JR 14522 GREYDALE CIR ORLANDO FL	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME		2.2 NAME	GREGORY A. SACKETT
REET ADDRESS		2.3 STREET ADDRESS	109 BUCKSKIN WAY
Y-ST-ZIP		2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
LE	DT DEHLER, RICHARD F 3966 LAKE MIRA DR. ORLANDO FL 32817	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME		3.2 NAME	MICHAEL W. CONNELLY
REET ADDRESS		3.3 STREET ADDRESS	3490 HEATHERSTONE COURT
Y-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FL 32812
LE	D BAUMAN, BERNHARD A. 3139 CAMBRIA CT ORLANDO FL	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME		4.2 NAME	JEFFREY SLEEPER
REET ADDRESS		4.3 STREET ADDRESS	5309 PINEBURY CT.
Y-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32808
LE	D NORTON, LAWRENCE L 1620 BOMI CIR. WINTER PARK FL 32792	5.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME		5.2 NAME	JOSEPH CURTIS GRACE
REET ADDRESS		5.3 STREET ADDRESS	1221 MARCASTLE AVE.
Y-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FL 32812
LE	DV KIRCHNER, MICHAEL 1589 WARRINGTON ST. WINTER PARK FL	6.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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: Joseph Curtis Grace 9/1/99 407/830-3879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)