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FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham \*  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000959 (5)

1. Corporation Name

SOUTH COLUMBIA YOUTH BASEBALL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PO BOX 44  
FT WHITE FL 32038-0044

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FT WHITE FL 32038-0044

3. Date Incorporated or Qualified  
02/27/1995

3a. Date of Last Report  
06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAEHNKE, TOM  
RT 1, BOX 816  
FT WHITE FL 32038

81 Name

Sharla Maxwell

82 Street Address (P.O. Box Number is Not Acceptable)

Route 3, Box 5960

83

84 City

Fort White,

FL

85

Zip Code  
32038

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME STAEHNKE, THOMAS  
STREET ADDRESS ROUTE 1 BOX 816  
CITY - ST - ZIP FT WHITE FL 32038 ☐ DELETE

TITLE VPD  
NAME TERRY, EARL  
STREET ADDRESS ROUTE 2 BOX 8162  
CITY - ST - ZIP FT WHITE FL 32038 ☐ DELETE

TITLE SD  
NAME HARRELL, ONEIDA  
STREET ADDRESS ROUTE 1 BOX 1920  
CITY - ST - ZIP FT WHITE FL 32038 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Little Ted Simmons  
1.3 STREET ADDRESS Post Office Box 1387 "N/A"  
1.4 CITY - ST - ZIP High Springs, FL 32643 ☒ Change ☐ Addition

2.1 TITLE VPD  
2.2 NAME Steve Wilson  
2.3 STREET ADDRESS Route 3, Box 4920  
2.4 CITY - ST - ZIP Ft. White, FL 32038 ☒ Change ☐ Addition

3.1 TITLE SD  
3.2 NAME Sharla Maxwell  
3.3 STREET ADDRESS Route 3, Box 5960  
3.4 CITY - ST - ZIP Ft. White, FL 32038 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharla Maxwell 4/10/97 (904)755-8000

Date

Daytime Phone # 0000338

CR2E037 (9/96)