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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 # **N95000000959 (5)**

1. Corporation Name

SOUTH COLUMBIA YOUTH BASEBALL ASSOCIATION, INC.

Principal Place of Business

PO BOX 44
FT WHITE FL 32038-0044

Mailing Address

PO BOX 44
FT WHITE FL 32038-0044

3. Date Incorporated or Qualified

02/27/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAXWELL, SHARLA
RT. 3, BOX 5960
FT. WHITE FL 32038

81 Name

Darrell Cason

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

Rt 3 Box 5975

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

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

Darrell Cason, President

1/9/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD SIMMONS, LITTLE TED**

STREET ADDRESS **P.O. BOX 1387 N/A**

CITY-ST-ZIP **HIGH SPRINGS FL**

TITLE ☐ DELETE

NAME **VPD WILSON, STEVE**

STREET ADDRESS **RT. 3, BOX 4920**

CITY-ST-ZIP **FT WHITE FL**

TITLE ☐ DELETE

NAME **SD MAXWELL, SHARLA**

STREET ADDRESS **RT. 3, BOX 5960**

CITY-ST-ZIP **FT WHITE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD Darrell Cason**

1.3 STREET ADDRESS **Rt 3 Box 5975**

1.4 CITY-ST-ZIP **Fort White, FL 32038**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VPD Bill Wheeler**

2.3 STREET ADDRESS **Rt 2 Box 1129**

2.4 CITY-ST-ZIP **High Springs, FL 32643**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **SD Jana Bruce**

3.3 STREET ADDRESS **Rt 1 Box 1118**

3.4 CITY-ST-ZIP **High Springs, FL 32643**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **TD Dianna Cook**

4.3 STREET ADDRESS **Post Office Box 102 "N/A"**

4.4 CITY-ST-ZIP **Fort White, FL 32038**

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)(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:

Darrell Cason
Signature, typed or printed name of signing officer or director

Darrell Cason

1/9/98

(352) 331-5100

CR2E037 (10/97)