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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000000959

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/27/1995

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

9. Name and Address of Current Registered Agent

CASON, DARRELL
RT 3 BOX 5975
FT. WHITE FL 32038

10. Name and Address of New Registered Agent

81 Name **Bill Wheeler**
82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 2 Box 1129
83
84 City **High Springs** FL 85 Zip Code
32643

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 **Bill Wheeler**

Bill Wheeler

1/11/99

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	<input checked="" type="checkbox"/> DELETE
NAME	CASON, DARRELL	
STREET ADDRESS	RT 3 BOX 5975	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, BILL	
STREET ADDRESS	RT 2 BOX 1129	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRUCE, JANA	
STREET ADDRESS	RT 1 BIX 1118	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, DIANNA	
STREET ADDRESS	PO BOX 102	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bill Wheeler	
1.3 STREET ADDRESS	Rt 2 Box 1129	
1.4 CITY-ST-ZIP	High Springs, Fl. 32643	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Darrell Cason	
2.3 STREET ADDRESS	Rt 3 Box 5975	
2.4 CITY-ST-ZIP	FT. White FL. 32038	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bridgett Diedeman	
4.3 STREET ADDRESS	Rt. 3 Box 5566	
4.4 CITY-ST-ZIP	FT. White FL 32038	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **Bill Wheeler** Pres. 1/11/99 (904) 454-3072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)