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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000001276

1. Corporation Name

**NORTH PALM BEACH GIRL'S SOFTBALL ASSOCIATION, IN
C.**

Principal Place of Business

P.O. BOX 14103
SUITE 204
NORTH PALM BEACH FL 33408
US

Mailing Address

P.O. BOX 14103
SUITE 204
NORTH PALM BEACH FL 33408
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/16/1995

4. FEI Number

65-0534815

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

ARGEUANLT, GERARD
109 S ANCHORAGE DR
SUITE 204
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	VALENTE, THOMAS	
STREET ADDRESS	659 KINGFISH PLACE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATERSEN, LISA	
STREET ADDRESS	1577 PACKWOOD ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ARSENUALT, GERARD	
STREET ADDRESS	109 S ANCHORAGE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VB	<input type="checkbox"/> DELETE
NAME	WALKER, REBECCA	
STREET ADDRESS	807 EASTERLY ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	VC	<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	Co-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sarah Herritt	
1.3 STREET ADDRESS	433 Harbor Road	
1.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
2.1 TITLE	Vice Pres / Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	President / Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mary Ellen McBryde	
5.3 STREET ADDRESS	320 Juniper	
5.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
6.1 TITLE	Co-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Janet Kempel	
6.3 STREET ADDRESS	2610 Wabash Dr.	
6.4 CITY-ST-ZIP	North Palm Beach FL 33410	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (561)840-1580

Date

Daytime Phone #

CR2E037 (11/98)