

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000002973 (4)

1. Corporation Name

FIELDS OF DREAMS BASEBALL CLUB, INC.

Principal Place of Business

1125 HIGHWAY 98  
DESTIN FL 32541

Mailing Address

1125 HIGHWAY 98  
DESTIN FL 32541



3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

FIRST

4. FEI Number

59-8831821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

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

9. Name and Address of Current Registered Agent

NORWOOD, RONALD C  
1125 HIGHWAY 98  
DESTIN FL 32541

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 D ☐ DELETE

NAME NORWOOD, CRAIG  
STREET ADDRESS 4 CANOR COURT  
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ DELETE

NAME BAYSE, RICK  
STREET ADDRESS 1185 BAY COURT  
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ DELETE

NAME ALEXANDER, DEL  
STREET ADDRESS 734 LEGION DRIVE  
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ DELETE

NAME D. BRON R FAIR  
STREET ADDRESS 2057 PRITCHARD PT DR.  
CITY-ST-ZIP NAVARRE FL 32566

TITLE D ☐ DELETE

NAME D. DON MEREDITH  
STREET ADDRESS 6 KINGSTON CT.  
CITY-ST-ZIP MARY ESTHER FL 32569

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/28/96

904-837-5726

Date

Daytime Phone #

CR2E037 (12/95)