

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 32541-3304**



3. Date Incorporated or Qualified
06/21/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3331821

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORWOOD, RONALD C
1125 HIGHWAY 98
DESTIN FL 32541**

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

TITLE **D** ☒ DELETE

NAME **DON MEREDITH**
STREET ADDRESS **6 KINGSTON CT**
CITY-ST-ZIP **MARY ESTHER FL**

TITLE **SECRETARY** ☐ DELETE

NAME **RONNIE WILLIS**
STREET ADDRESS **116 W. COUNTRY CLUB DR.**
CITY-ST-ZIP **DESTIN, FL. 32541**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **CRAIG NORWOOD**
1.3 STREET ADDRESS **4 CANOR CT.**
1.4 CITY-ST-ZIP **DESTIN, FL. 32541**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

5.2 NAME **TIM KIRBY**
5.3 STREET ADDRESS **4449 CLIPPER COVE**
5.4 CITY-ST-ZIP **DESTIN, FL. 32541**

6.1 TITLE **TRICK ROLLIN** ☐ Change ☒ Addition

6.2 NAME **367 EVERGREEN CIR.**
6.3 STREET ADDRESS **DESTIN, FL 32541 (TREASURER)**
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]* 1/16/97

CR2E037 (9/96)