

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

95 AUG 29 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004270 (3)**
1. Corporation Name
NORTH PORT FAST PITCH SOFTBALL ASSOCIATION, INC.



Principal Place of Business
**4482 ANCON ST.
NORTH PORT FL 34287**

Mailing Address
**4482 ANCON ST.
NORTH PORT FL 34287**

3. Date Incorporated or Qualified
08/30/1995

3a. Date of Last Report

2. Principal Place of Business 21 8630 FAY AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc. P.O. BOX 7521	4. FEI Number 65-0603796	Applied For Not Applicable
22 City & State North Port, FL	27 City & State North Port, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 34287	28 Zip 34287	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country USA	29 Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LAEMMEL, SHANE
4482 ANCON ST.
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name **LAURA SZABO**

82 Street Address (P.O. Box Number is Not Acceptable)
8630 FAY AVE.

83

84 City **North Port**

85 Zip Code **FL 34287**

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 *Laura Szabo*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7-10-96**

12. OFFICERS AND DIRECTORS

TITLE PT	<input checked="" type="checkbox"/> DELETE
NAME LAEMMEL, SHANE	
STREET ADDRESS 6884 LOCHER ROAD	
CITY - ST - ZIP NORTH PORT FL 34287	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME MEYER, JIM	
STREET ADDRESS 4482 ANCON ST.	
CITY - ST - ZIP NORTH PORT FL 34287	
TITLE TT	<input type="checkbox"/> DELETE
NAME BAILIE, JANET	
STREET ADDRESS 8147 ESTATES DRIVE	
CITY - ST - ZIP NORTH PORT FL 34287	
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 President PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME LAURA SZABO	
1.3 STREET ADDRESS 8630 FAY AVE.	
1.4 CITY - ST - ZIP North Port, FL 34287	
2.1 TITLE Vice President VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Kimberly Lathbury	
2.3 STREET ADDRESS 8281 Oshert Ave.	
2.4 CITY - ST - ZIP North Port, FL 34287	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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: *Laura Szabo* **LAURA SZABO**

DATE **7-10-96**

DAYTIME PHONE **941-423-2483**

CR2E037 (3/96)