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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N95000004270 (3)**

1. Corporation Name

NORTH PORT FAST PITCH SOFTBALL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**8630 FAY AVE
NORTH PORT FL 34287**

**P.O. BOX 7521
NORTH PORT FL 34287-0521**

3. Date Incorporated or Qualified
08/30/1995

3a. Date of Last Report
08/29/1996

2. Principal Place of Business

2a. Mailing Address

21 **8281 Osbert Ave**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 **North Port, FL**

27

Zip

Country

Zip

Country

24 **34287**

25

U.S.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SZABO, LAURA
8630 FAY AVE
NORTH PORT FL 34287**

81 Name

Kim Lathbury

82

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

8281 OSBERT AVE

83

84

North Port,

FL

85 Zip Code
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

Kim Lathbury, President

4-1-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	SZABO, LAURA	
STREET ADDRESS	6884 LOCHER ROAD	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	LATHBURY, KIMBERLY	
STREET ADDRESS	8281 OSBERT AVE	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LATHBURY, KIM	
1.3 STREET ADDRESS	8281 OSBERT AVE	
1.4 CITY-ST-ZIP	NORTH PORT, FL 34287	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LITSEY, PATSY	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	NORTH PORT, FL	
3.1 TITLE	NEW	<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 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: **Kim Lathbury, Kim Lathbury**

4/1/97 941-426-8494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0084839**

CR2E037 (9/96)