

FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004525 (0)**  
1. Corporation Name

**FLAGLER FASTPITCH ATHLETIC SOFTBALL TEAMS, INC.**

Principal Place of Business

15 OLD KINGS ROAD N  
PALM COAST FL 32137

Mailing Address

P.O. BOX 353357  
PALM COAST FL 32135



3. Date Incorporated or Qualified

09/21/1995

4. FEI Number

59-3375120

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, DONALD L  
15 OLD KINGS ROAD NORTH  
PALM COAST FL 32137

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOSS, TED	
STREET ADDRESS	1628 SOUTH DAYTONA AVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WALKER, DONALD L	
STREET ADDRESS	29 BANTON LANE	
CITY-ST-ZIP	PALM COAST FL 32137	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DICKINSON, CINDY	
STREET ADDRESS	9 WHITTINGHAM LANE	
CITY-ST-ZIP	PALM COAST FL 32164	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CUFF, TONI	
STREET ADDRESS	142 BREN MAR LANE	
CITY-ST-ZIP	PALM COAST FL 32137	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Wilson, Ingalls
4.3 STREET ADDRESS	31 POTOMAC Drive
4.4 CITY-ST-ZIP	Palm Coast, FL 32137

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, LAWRENCE	
STREET ADDRESS	6 CORNING COURT	
CITY-ST-ZIP	PALM COAST FL 32137	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V LORI Fortier
5.3 STREET ADDRESS	60 Bassett Lane
5.4 CITY-ST-ZIP	Palm Coast, FL 32137

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, HELANE	
STREET ADDRESS	6 CORNING COURT	
CITY-ST-ZIP	PALM COAST FL 32137	

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 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: Donald L. Walker **RECORDED** 1-8-98 904-445-1822

CR2E037 (10/97)