FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9500004525

FLAGLER FASTPITCH ATHLETIC SOFTBALL TEAMS, INC.

| Principal Place of Business |
|-----------------------------|
| 15 OLD KINGS ROAD N |

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

P.O. BOX 353357 PALM COAST FL 32135

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Feb 26, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

09/21/1995

59-3375120

4. FEI Number

| :3 | | 20 | | | | | | | | |
|---------------------------|--|------------------------|----------------------|---------------|--|---|----------------------------|-----------------------------|---------------------|--|
| Zip 24 | Country 25 | Zip | 30 | Country | | 6. Election Campaign Financing Trust Fund Contribution |] | \$5.00 M Added to | | |
| | 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | |
| | Hame and Addition of Contone | | | 81 | Name | | | | | |
| WALKER, DONALD L | | | | | Street Ad | dress (P.O. Box Number is Not Acceptable |) | | -i | |
| 15 OLD KINGS ROAD NORTH | | | | | | | | | | |
| PALM CO | AST FL 32137 | | | 83 | | | | | | |
| | | | | 84 | City | | FL | 5 Zip Co | ode | |
| office or r agent. I a | to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio | Florida, Such | change was auth | orized by | the corpora | rporation submits this statement for the purition's board of directors. I hereby accept the | oose of cha e appointme | nging its regi | egistered stered | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if applicable | . (NOTE: Re | gistered Agen | t signature requ | #ad when reinstating) | DATE | | | |
| 12. | OFFICERS AND | | | 13. | | ADDITIONS/CHANGES TO OFFICE | RS AND D | IRECTOR | S IN 12 | |
| TITLE | P | | DELETE | 1.1 TITLE | | | | Change | Addition | |
| NAME | OSS, TED | | 1.2 NAME | • | | | | } | | |
| STREET ADDRESS | 1628 SOUTH DAYTONA AVE | | | 1.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | FLGLER BEACH FL 32136 | | | 1.4 CITY-S1 | -ZIP | | | | | |
| TITLE | T | | ☐ DELETE | 2.1 TTLE | | - | | Change | ☐ Addition | |
| NAME | WALKER, DONALD L | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | | | | 2.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | PALM COAST FL 32137 | | | 2.4 CITY-S | T-ZIP | | | · · | | |
| TITLE | S | | DELETE | 3.1 TITLE | - | SECRETARY | | Change | ☐ Addition } | |
| NAME | WILSON, INGALIS | | | 3.2 NAME | } | Robin Mancuso | - | | | |
| STREET ADDRESS | 31 POTOMAC DR | | | 3.3 STREET | ADDRESS | 13 CAYUGA COUP | | | 1 | |
| CITY-ST-ZIP | PALM COAST FL 32137 | | | 3.4. CITY-S | T-ZIP | Palm Coast, Fl. 3213 | | | | |
| TITLE | (v | | DELETE | 4.1 TITLE | | | Ĺ |] Change | Addition | |
| NAME | FORTIER, LORI | | | 4, 2 NAME | | | | |] | |
| STREET ADDRESS | 60 BASSETT LANE | | | 4.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | PALM COAST FL 32137 | | | 4.4 CITY-ST | r-ZIP | | | 101 | - A 4 4 3 1 a | |
| TITLE | D | | ☐ DELETÉ | 5.1 TITLE | 1 | | L | Change | Addition | |
| NAME | BURNS, LAWRENCE | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | | 5.3 STREET | 1 | | | |] | |
| CITY-ST-ZIP | PALM COAST FL 32137 | | | 5.4 CITY-S | r-ZIP | | | 10 | - Addition | |
| TATLE | l D | | DELETE | 6.1 TITLE | | | , L |] Change | ☐ Addition | |
| NAME | BURNS, HELANE | | | 6.2 NAME | | | | | 1 | |
| STREET ADDRESS | 6 CORNING COURT | | | 6.3 STREET | | | | | Ì | |
| CITY-ST-ZIP | PALM COAST FL 32137 | | | 6.4 CITY-S | | | | N A 41- a * | | |
| 14. I hereby of | certify that the information supplied with | this filing doe | s not qualify for th | e exempti | on stated it | Section 119.07(3)(i), Florida Statutes. I fur | tner certify | that the ini | romation | |

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, with all other like empowered.

SIGNATURE:

BIGNATURE REQUIRED

904-445-1822

Applied For

\$8.75 Additional

Fee Required

Not Applicable