

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90013 011 ****61.25

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1. Entity Name

FLAGLER FASTPITCH ATHLETIC SOFTBALL TEAMS, INC.



Principal Place of Business

**26 PITTMAN DRIVE
PALM COAST FL 32164**

Mailing Address

**26 PITTMAN DRIVE
PALM COAST FL 32164**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3375120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARMEN, JIM
26 PITTMAN DRIVE
PALM COAST FL 32164**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P DOSS, TED ☐ Delete
**1628 SOUTH DAYTONA AVE
FLAGLER BEACH FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mark Bybee ☐ Change ☒ Addition
**P.O. Box 2305
Flagler Beach, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T CARMAN, JIM ☐ Delete
**26 PITTMAN DRIVE
PALM COAST FL 32164**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Michael Albano ☐ Change ☒ Addition
**P.O. Box 351658
Palm Coast, FL 32135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S MARCH, CANDY ☐ Delete
**P.O. BOX 2305
FLAGLER BEACH FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP DEVINE, BARBARA ☐ Delete
**7 WALTER PALCE
PALM COAST FL 32164**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SPENCER, JUDI ☐ Delete
**904 MAGNOLIA TERRACE
FLAGLER BEACH FL 32136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D NEWELL, ELIZABETH ☒ Delete
**3 BLYTH COURT
PALM COAST FL 32137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jim Carman
Jim Carman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

Date

Daytime Phone #

1-386-437-3891