

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91217 016 ****61.25

DOCUMENT # N95000004525

1. Entity Name

FLAGLER FASTPITCH ATHLETIC SOFTBALL TEAMS, INC.



Principal Place of Business

1628 S DAYTONA AVE
FLAGLER BEACH FL 32136

Mailing Address

1628 S DAYTONA AVE
FLAGLER BEACH FL 32136

2. Principal Place of Business

26 Pittman Drive

3. Mailing Address

26 Pittman Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast, Florida

City & State

Palm Coast, Florida

Zip

32164

Country

U.S.A.

Zip

32164

Country

U.S.A.

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

CARMEN, JIM
26 PITTMAN DRIVE
PALM COAST FL 32164

7. Name and Address of New Registered Agent

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

Jim Carman - Jim Carman - Treasurer

4/17/03

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE ① P ☐ Delete
NAME DOSS, TED
STREET ADDRESS 1628 SOUTH DAYTONA AVE
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ② T ☐ Delete
NAME CARMAN, JIM
STREET ADDRESS 26 PITTMAN DRIVE
CITY-ST-ZIP PALM COAST FL 32164

TITLE ③ S ☐ Delete
NAME MARCH, CANDY
STREET ADDRESS P.O. BOX 2305
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ④ VP ☐ Delete
NAME DEVINE, BARBARA
STREET ADDRESS 7 WALTER PALCE
CITY-ST-ZIP PALM COAST FL 32164

TITLE D ☒ Delete
NAME TAYLOR, BETH
STREET ADDRESS 12 PERNWOOD DR
CITY-ST-ZIP PALM COAST FL 32137

TITLE ⑤ D ☐ Delete
NAME NEWELL, ELIZABETH
STREET ADDRESS 3 BLYTH COURT
CITY-ST-ZIP PALM COAST FL 32137

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ⑥ Director ☐ Change ☒ Addition
NAME Judi Spencer
STREET ADDRESS 904 Magnolia Terrace
CITY-ST-ZIP Flagler Beach, FL., 32136

TITLE ⑦ Director ☐ Change ☒ Addition
NAME Fred Mayle
STREET ADDRESS 1572 Honeytree St.
CITY-ST-ZIP Bunnell, FL., 32110

TITLE ⑧ Director ☐ Change ☒ Addition
NAME Mark Bybee
STREET ADDRESS P.O. Box 2305
CITY-ST-ZIP Flagler Beach, FL., 32136

TITLE ⑨ Director ☐ Change ☒ Addition
NAME Michael Albano
STREET ADDRESS P.O. Box 351658
CITY-ST-ZIP Palm Coast, FL., 32135

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

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

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

4/17/03

1-386-3891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)