## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N95000004913 (8)

FILED								
Jul 08 1998 8:00am								
Secretary of State								

RASCAL'S FASTPITCH SOFTBALL, INC.									
Principal Place of Business Malling Address						I TODALISON DEO ENION DIBLE OBLEH DRIPH B	8111 88111 88111 81818 181 <b>8</b> 1		
3521 40TH STREET, NORTH         3521 40TH STREET, NORTH           ST. PETERSBURG FL 33713         ST. PETERSBURG FL 33713						3. Date Incorporated or Qualified 10/13/1995			
						4. FEI Number 59-3339883	<del></del>	oplied For ot Applicable	
2. Principal P	lace of Business	26. Mailing Address				5. Certificate of Status Desired	7	Additional equired	
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			May Be		
22				,		7. Is this nonprofit corporation a ho			
23 28				☐ Yes ☑ No					
Zip	Country Zip Cou			intry		8. This corporation owes or has paid the current year Intangible			
24	9. Name and Address of Current	29				Personal Property Tax due June  10. Name and Address of New Re		<b>4</b> No	
	S. Name and Address of Culton	r negistered Agent		81 Nam	ie	TO. Name and Address of New Ac-	Aistolad Walle		
FABIAN, AFILENE						/0.0 Day 11 12 11 4 4 12 11			
3521 40TH STREET, NORTH				82 Stree	e Addre	ss (P.O. Box Number is Not Acceptab	ole)	ļ	
ST. PETER\$BURG FL 33713				83					
			ı	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 lamijar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE ARIENE FABIAN Chlor Calson 129/98									
12.	Signature, typed or printed name of registered ager OFFICERS AND		TE: Registered	d Agent signat	ure required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTOR	3S IN 12	
TITLE	8	DELETE	1.1 TI	TLE	T	Nophiologo in Araco To of To	Change	Addition	
NAME	MYERS, SHARON		1.2 N/	AME					
STREET ADDRESS	SS 3521 40TH STREET NORTH 1.35			reet addres	s [			[8	
CITY-ST-ZIP	<b>ŞT PETERSBURG FL 33713</b>		1.4 CI	TY-ST-ZIP					
TITLE	D	DELETÉ	2.1 TI	TLE	D.	Con all Property	Change	Addition	
NAME	FITZGERALD, JOHN		2.2 N/	ME	K	CARCH RODWELL 521-40 St. N.			
STREET ADDRESS	\$521 40TH STREET NORTH		2.3 ST	REET ADDRES	s 3	521040 54.2		-	
CITY-ST-ZIP	ST PETERSBURG FL 33713	T perire		iTY-ST-ZIP	1.5	t. Pete, FL 33713	Obourse	Addition	
TITLE	d Fabian, arlene	☐ DELETÉ	3.1 TO		T/1	ARIENE FABRAL SAL-40 St. N.	Change	Addition	
NAME OTROTT ADDRESS	3521 40TH STREET NORTH		3.2 N/	ime Treet addres	.   -	Calcula St. W.	,		
STREET ADDRESS CITY-ST-ZIP	ST PETERSBURG FL 33713			NCC I ADDRES ITY-ST-ZIP	121	Petersburg, FL 33	0/3	}	
TITLE	D	☐ DELETE	4.1 TF		121	Petersbuild 1-33	Change	Addition	
NAME	FABIAN, THOMAS B		4.2 N		İ			_	
STREET ADDRESS	3521 40TH STREET NORTH			reet addres	s			1	
CITY-ST-ZIP	ST PETERSBURG FL 33713			TY-ST- <b>Z</b> IP					
TITLE	T_	DELETE	5.1 Ti		$\top$		Change	Addition	
NAME	DECAPRIA, ROBERTA		5.2 NA	ME					
STREET ADDRESS	2801 50TH AVENUE NORTH		5.3 S1	REET ADDRES	s			}	
CITY-ST-ZIP	ST PETERSBURG FL 33714	<del></del>	5.4 CI	TY-ST-ZIP		·			
TITLE		☐ DELETE	6.1 TI		1		☐ Change	☐ Addition	
NAME			6.2 NA						
STREET ADDRESS			6.3 \$1	REET ADDRES	s				

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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

8/3/ 222-1101 1