

FILE NOW: FILING FEE IS \$61.25

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Jul 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005023 (5)**

1. Corporation Name

**BOCA RATON FAST PITCH SOFTBALL ASSOCIATION, INC.**



Principal Place of Business <b>1495 SW 13TH DR. BOCA RATON FL 33486</b>	Mailing Address <b>1495 SW 13TH DR. BOCA RATON FL 33486-5368</b>
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2. Principal Place of Business <b>21 8936 SW 9th Street</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. Box 691</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/23/1995</b>		3a. Date of Last Report <b>04/29/1996</b>	
22 City & State <b>23 Boca Raton, Florida</b> Zip Country <b>24 33433 25 USA</b>		27 City & State <b>28 Boca Raton, Florida</b> Zip Country <b>29 33429 30 USA</b>		4. FEI Number <b>65-0624756</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GEROW, JEFFREY S ESQ. 4800 N. FEDERAL HWY., STE. 306B BOCA RATON FL 33431</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 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	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORD, CELIDA</b>		1.2 NAME	<b>Alan Byrd</b>	
STREET ADDRESS	<b>1495 SW 13TH DR.</b>		1.3 STREET ADDRESS	<b>8936 SW 9th Street</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>		1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>URIE, HOLLY</b>		2.2 NAME	<b>James A. Cruickshank</b>	
STREET ADDRESS	<b>4585 BETELNUT ST.</b>		2.3 STREET ADDRESS	<b>20810 Sonrisa Way</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOLLEFSON, EILEEN</b>		3.2 NAME	<b>Steve Benham</b>	
STREET ADDRESS	<b>3235 NW 27TH TER.</b>		3.3 STREET ADDRESS	<b>1400 SW 2nd Street</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>		3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROYLES, DEBORAH</b>		4.2 NAME		
STREET ADDRESS	<b>2176 NE 3RD AVE.</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>		4.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNCH, JOHN</b>		5.2 NAME		
STREET ADDRESS	<b>21789 LITTLE BEAR WAY</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>		5.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIGHT, LOU</b>		6.2 NAME		
STREET ADDRESS	<b>3650 NW 4TH AVE.</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>		6.4 CITY-ST-ZIP		

14. I do 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: \_\_\_\_\_

7/12/97

CR2E037 (9/96)