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FILED  
May 11 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000483 (5)

1. Corporation Name

MIDDLEBURG FLAME FASTPITCH CLUB INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 953  
MIDDLEBURG FL 32050-0953

POST OFFICE BOX 953  
MIDDLEBURG FL 32050-0953

3. Date Incorporated or Qualified

01/25/1996

4. FEI Number

59-3318487

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAINEY, TONI  
6017 FRANCINE DRIVE  
JACKSONVILLE FL 32234

81 Name

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

83

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 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 D  
NAME LANCASTER, CERENA M  
STREET ADDRESS 2414 IRIS ST  
CITY-ST-ZIP MIDDLEBURG FL

☐ DELETE

TITLE D  
NAME BLACK, KAREN  
STREET ADDRESS 2526 RUSSELL RD  
CITY-ST-ZIP GREEN COVE SPRINGS FL

☒ DELETE

TITLE D  
NAME GAINNEY, TONI  
STREET ADDRESS 6017 FRANCINE DR  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D  
NAME HANCOCK, TERESA  
STREET ADDRESS 6030 SEARCHWOOD AVE  
CITY-ST-ZIP MAXVILLE FL

☒ DELETE

TITLE D  
NAME KENT, DEBBIE  
STREET ADDRESS 5997 FRANCINE DR  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE Director  
1.2 NAME Teresa Lacko  
1.3 STREET ADDRESS 4219 Clove St  
1.4 CITY-ST-ZIP Middleburg, FL 32068

☐ Change

☒ Addition

2.1 TITLE Director  
2.2 NAME Preciosa F. Nau  
2.3 STREET ADDRESS 2950 South Deer Ave.  
2.4 CITY-ST-ZIP Middleburg FL 32068

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE: Cerena M. Lancaster

4-27-98 904-291-1754

CR2E037 (10/97)