FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600001195

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

NORTH MANATEE FAST PITCH, INC.

Principal Place of Business	Mailing Addres
406 21ST AVE W PALMETTO FL 34221	406 21ST AVE PALMETTO FL
US	US

Country

9. Name and Address of Current Registered Agent

34221 US

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

Zip

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90056 001 ****61.25

3.	Date Incorporated or Qualifed	

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

03/01/1996

NOT APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

CUMMING 406 21ST PALMETT(82 83 84	Street .	Address (P.O. Box Number is Not Acceptable)	85 Zip C	Code
office or r	to the provisions of Sections 617.0502 and 617.150 egistered agent, or both, in the State of Florida. Suc m familiar with, and accept the obligations of, Sectio	h change was auth	onzed by i	the corpo	corporation submits this statement for the purpose	of changing its	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicab	la (NOTE: Ray	nistered Agent	signature n	equired when reinstating) DATE		(
12.	OFFICERS AND DIRECTORS		13.	. oignatoro	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	CUMMINGS, LINDA		1.2 NAME		Same		
STREET ADDRESS	406 21ST AVE W		1.3 STREET	ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-ST	-ZIP			ĺ
TITLE	VP	DELETE	21 TITLE		VP	Change	Addition
NAME	ALDERMAN, GARY	, ,	2.2 NAME		David Sell		j
STREET ADDRESS	702 32ND AVE W		2.3 STREET	ADDRESS	201 30 Coule		ļ
CITY-ST-ZIP	PALMETTO FL 34221		2. 4 CITY-S	T- ZIP	got 30 Carry 3422	1	
TITLE	TD	DELETE	3.1 TITLE	1	Tall Total	Change	☐ Addition
NAME	HIGGINS, MISSY		3.2 NAME		Some		
STREET ADDRESS			3.3 STREET	ADORESS			
CITY-ST-ZIP	PALMETTO FL 34221		3.4. CITY-S	r-ZIP			
TITLE	SD	DELETE	4.1 TTLE		5D	Change	☐ Addition
NAME	HIGGINS, MISSY	,.	4. 2 NAME		sactive Bloom	, ,	}
STREET ADDRESS	1720 8TH STREET WEST		4.3 STREET	ADDRESS	17/2/4/2000		
CITY-ST-ZIP	PALMETTO FL 34221		4.4 CITY-ST	-ZIP	Del mette, 71.34201		
TITLE		☐ DELETÉ	5.1 TITLE		,	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S1	-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				İ
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST				
***	the state of the s	d 1:6 . 6 - a dla			d in Section 119 07/3)(i) Florida Statutes I further (cortify that the in	nformation

Country

81

30

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 if changed, or on an attachment with an address, with all other like empowered.

RE REQUIRED