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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N96000001200 (2) **DOCUMENT** #

HIGH SPRINGS GIRLS SOFTBALL, INC.

HIGH SPRINGS FL 32643

105 NW 4TH AVENUE

PETERSON, MARK

2025 NE DEESE DRIVE

THIBODAUX, DONALD

25 NE BOULEVARD

HIGH SPRINGS FL 32643

HIGH SPRINGS FL 32643

**CURRY, GARY** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

THE

NAME

SUITE, AST US HIGHWAY 41  APRINGS FL 32649  POST OFFICE BOX 2501  ACH SPRINGS FL 32655-2501  3. Date Incorporated or Qualified (34). Date of Last Report (33/01/1996)  3. Date Incorporated or Qualified (34). Date of Last Report (33/01/1996)  3. Date Incorporated or Qualified (34). Date of Last Report (33/01/1996)  3. Date Incorporated or Qualified (34). Date of Last Report (33/01/1996)  3. Date Incorporated or Qualified (34). Date of Last Report (33/01/1996)  4. FEI Number   Applicable of Not Applicable of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee Required    5. Certificate of Status Desired   S8.75 Additional Fee R	Suite also at Dis-	1.0	Edellin o Anlabano					
## SPRINGS FL 32643  ## High SPRINGS FL 32653-2501    Control   Principal Place of Business   Pr	Frincipal Place of Business Mailing Address							
2. Principal Place of Business				2501				
Suite, Apt. #, etc.  Suite, Ap								
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	21		26				Not Applicable	
City & State    City & State   City		#, etc.	1			:	5 Contitionate of Status Decised	
28   Trust Fund Contribution   Added to Fees	City & State	)	1				6. Election Campaign Financing \$5.00 May Re	
Zip	23]		28				, , , , , , , , , , , , , , , , , , ,	
STALNAKER, WILLIAM   215 NW 4TH AVENUE   HIGH SPRINGS FL 32643   SIgnature, typed or prelied name of registered agent and title if applicable   NOTE Registered Agent signature required when reinstaling)   DATE		Country		Сог	intry		8. This corporation has liability for intangible tax under s. 199.032.	
STALNAKER, WILLIAM 215 NW 4TH AVENUE HIGH SPRINGS FL 32643  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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent agent with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, provided by the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, provided by the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, provided by the corporation's board of directors. I hereby accept the appointment as registered agent, provided by the corporation's board of directors. I hereby accept the appointment as registered agent, provided by the corporation's board of directors. I hereby accept the appointment agent agent and the purpose of changing its registered agent, provided by the corporation's board of directors. I hereby accept the appointment agent agent agent agent agent agent agent a	24	25 29 30						
STALNAKER, WILLIAM 215 NW 4TH AVENUE HIGH SPRINGS FL 32643  B4 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 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  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D MAME STALNAKER, WILLIAM STREET ADDRESS 215 NW 4TH STREET 1.3 STREET ADDRESS 24008 010 BC11amy Rd.  ITILE D MAGE STALNAKER, WILLIAM 1.4 CITY-ST-ZIP High Springs FL 32643  TITLE D DELETE 21 TITLE D Change Addition Addition Addition AME PRESNELL, LORI  DELETE 21 TITLE D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition A							10. Name and Address of New Registered Agent	
215 NW 4TH AVENUE HIGH SPRINGS FL 32643  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 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 life if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  OFFICERS AND DIRECTORS  12. NAME  STALNAKER, WILLIAM  STREET ADDRESS  215 NW 4TH STREET  1.3 STREET ADDRESS  215 NW 4TH STREET  1.3 STREET ADDRESS  215 NW 4TH STREET  1.3 STREET ADDRESS  216 NW 4TH STREET  1.3 STREET ADDRESS  217 NUMBER STALNAKER, WILLIAM  STREET ADDRESS  216 NW 4TH STREET  1.3 STREET ADDRESS  217 NW 4TH STREET  1.3 STREET ADDRESS  218 NW 4TH STREET  1.3 STREET ADDRESS  219 Code  PRESNELL, LORI  B4 City  FL 85 Zip Code  FL 85 Zip Cod					81	Name	;	
215 NW 4TH AVENUE HIGH SPRINGS FL 32643  B4 City FL B5 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 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 life if applicable  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. TITLE D D DELETE 1,1 TITLE D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME STALNAKER, WILLIAM STREET ADDRESS 215 NW 4TH STREET 1,3 STREET ADDRESS 215 NW 4TH STREET 1,3 STREET ADDRESS 215 NW 4TH STREET 1,3 STREET ADDRESS 216 NW 4TH STREET 1,3 STREET ADDRESS 217 DELETE 21 TITLE D CHange Addition CITY-ST-ZIP HIGH SPRINGS FL 32643  14 CITY-ST-ZIP HIGH SPRINGS FL 32643  15 DELETE 21 TITLE D CHange Addition	STALNAKER, WILLIAM				82	Street	Address (P.O. Roy Number is Not Acceptable)	
HIGH SPRINGS FL 32643    B4					02	SHEEL	, Address (1.0. box Mainber is Not Acceptable)	
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 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 (INOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  STALNAKER, WILLIAM  1.2 NAME  STALNAKER, WILLIAM  1.3 STREET ADDRESS  215 NW 4TH STREET  1.3 STREET ADDRESS  215 NW 4TH STREET  1.4 CITY-ST-ZIP  HIGH SPRINGS FL 32643  1.4 CITY-ST-ZIP  HIGH SPRINGS FL 32643  1.4 CITY-ST-ZIP  HIGH SPRINGS FL 32643  1.5 Change Addition  PRESNELL, LORI  PRESNELL, LORI					63			
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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 Statules.  SIGNATURE    Signature, typed or printed name of registered agent and little if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE					84	City	FL   85   Zip Code	
Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. TITLE  D	11. Pursuant to office or reagent. I as	to the provisions of Sections 617.05 egistered agent, or both, in the Stam familiar with, and accept the obli	502 and 617.1508, Florida Stati Ite of Florida, Such change was Igations of, Section 617.0503, F	utes, the a s authorize Florida Sta	bove d by tutes	-named the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D STALNAKER, WILLIAM  STREET ADDRESS  215 NW 4TH STREET  CITY-ST-ZIP  HIGH SPRINGS FL 32643  TITLE  D DELETE  1.3 STREET ADDRESS  24008 010 BCILCAMY Rd.  1.4 CITY-ST-ZIP  High Springs F. 3.2643  TITLE  D Change  Addition  AMME  PRESNELL, LORI  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.1 TITLE  D Change  Addition  Addition  Addition  Addition	SIGNATURE _	Slongling based or printed name of registered a	enent and little if anningable INC	TF: Registere	d Ano	nt signature	re recoursed when reinstation) DATE	
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CITY-ST-ZIP HIGH SPRINGS FL 32643  TITLE D  DELETE D  DELETE D  PRESNELL, LORI  DELETE D  PRESNELL, LORI  DELETE D  PRESNELL, LORI  22 NAME  PRESNELL, LORI  Addition		•		135	TREET	ADDRESS	24008 010 Bellamy Rd.	
D DELETE 2.1 TITLE D PRESNELL, LORI Presnell, LORI Presnell, LORI								
NAME PRESNELL, LORI 22 NAME Presnell, Lori			DELETE			1-211	D Change Addition	
2			_	22 N	AMF		Bear wall Lari	
CITY-ST-ZIP HIGH SPRINGS FL 32643 2.4 CITY-ST-ZIP 119 Springs, FL. 32643	1 [	•			-	ADDRESS	I i a i i a marand	
The state of the s			_			T- 71P	HIGH SOCINGS FL. 32643	
TITLE 1 D LETTE 13.1 TITLE 1.5 L Change L'Addition	TITLE	D	<b>☑</b> DELETE		_	. 211	Change L'Addition	
NAME BLANTON, GARY 32 NAME ROSalyN Fawceft	1	•					Rosalyn Faucett	
DESTRUCTION OF THE STATES  3.3 STREET ADDRESS N/A (P.O. Box 2692)						ADDRESS	NIA (P.O. Box 2692)	

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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

10011 454 10111

Change

High SENCOTO 2015

\*\*\*61.25

Thibodaux, Donald

625 N.E. 5 \$ ave

-02/18/97--01112--013

**FILED** 

Feb 18 1997 8:00am

Secretary of State

\_\_\_ Addition

■ Addition