

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001200 (2)**

1. Corporation Name

HIGH SPRINGS GIRLS SOFTBALL, INC.



Principal Place of Business SOUTHEAST US HIGHWAY 441 HIGH SPRINGS FL 32643	Mailing Address POST OFFICE BOX 2501 HIGH SPRINGS FL 32655-2501
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3. Date Incorporated or Qualified 03/01/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 30	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STALNAKER, WILLIAM 215 NW 4TH AVENUE HIGH SPRINGS FL 32643	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STALNAKER, WILLIAM		1.2 NAME Stalnaker, William	
STREET ADDRESS 215 NW 4TH STREET		1.3 STREET ADDRESS 24008 Old Bellamy Rd.	
CITY-ST-ZIP HIGH SPRINGS FL 32643		1.4 CITY-ST-ZIP High Springs, FL. 32643	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRESNELL, LORI		2.2 NAME Presnell, Lori	
STREET ADDRESS 625 NE BOULEVARD		2.3 STREET ADDRESS 1635 N.E. Boulevard	
CITY-ST-ZIP HIGH SPRINGS FL 32643		2.4 CITY-ST-ZIP High Springs, FL. 32643	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLANTON, GARY		3.2 NAME Rosalyn Fawcett	
STREET ADDRESS BELLAMY ESTATES		3.3 STREET ADDRESS N/A (P.O. Box 2692)	
CITY-ST-ZIP HIGH SPRINGS FL 32643		3.4 CITY-ST-ZIP High Springs, FL. 32643	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE -02/18/97--01112--013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURRY, GARY		4.2 NAME ***61.25	
STREET ADDRESS 105 NW 4TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP HIGH SPRINGS FL 32643		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE 200002091012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETERSON, MARK		5.2 NAME -02/18/97--01112--013	
STREET ADDRESS 2025 NE DEESE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP HIGH SPRINGS FL 32643		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THIBODAUX, DONALD		6.2 NAME Thibodaux, Donald	
STREET ADDRESS 25 NE BOULEVARD		6.3 STREET ADDRESS 625 N.E. 5th Ave	
CITY-ST-ZIP HIGH SPRINGS FL 32643		6.4 CITY-ST-ZIP High Springs, FL. 32643	

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.

CR2E037 (9/96)