NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

1999

## DOCUMENT # N96000002352

Corporation Name

JACKSONVILLE BEACH BASEBALL/SOFTBALL ASSOCIATION , INC.

Principal Place of Business
361 PENMAN ROAD
POST OFFICE BOX 50042
JACKSONVILLE FL 32250

2. Principal Place of Business

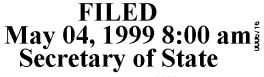
Suite, Apt. #, etc.

Mailing Address

361 PENMAN ROAD POST OFFICE BOX 50042 JACKSONVILLE FL 32250

2a. Mailing Address

Suite, Apt. #, etc.



05-04-1999 90112 049 \*\*\*\*61.25



3. Date Incorporated or Qualifed

04/26/1996 4. FEI Number

59-3370216

2	-	27	*				- 1	00 00102 10				1101	-фриссою	
City & State			City & State					5. Certifcate of Status De	sired		\$8.75 Additional Fee Required			
Zip	Country Zip				Country			6. Election Campaign Fin	ancing	_	\$5.	00 A	lay Be	
a	25 29 30							Trust Fund Contribution	- 11			Added to Fees		
9. Name and Address of Current Registered Agent								gistered	Agent					
				81	1	Name								
*****	LEATER FOOLURE			82	1	<u> </u>		(D.O. D N	A					
MAKOFKA, LESTER ESQUIRE						Street A	Addres:	(P.O. Box Number is Not	Acceptat	ne)				
1200 RIVERPLACE BOULEVARD										· · · · · · ·				
SUITE 812													<u> </u>	
JACKSONVILLE FL 32207					4	City				FL	85	Zip C	ode	
44	to the provisions of Sections 617.0502	and 6	S17 1509 Florido Statutas	the abov		named (	cornors	tion submits this statement	for the n	urpose of	changin	a its r	egistered	
office or r	egistered agent, or both, in the State of mailtar with, and accept the obligation	Flon	ida. Such change was auti	nonzea by	уtт	ne conpo	oration's	s board of directors. I hereb	y accept	the appoi	ntment a	is reg	stered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	if applicable. (NOTE: R	egistered Age	ent :	signature re	equired w	en reinstating)		DATE				
12.	OFFICERS AND	DIR	ECTORS	13.				ADDITIONS/CHANGES	TO OFF	ICERS AN				
TITLE	P		☐ DELETE	1.1 TITLE							Cha	nge	Addition Addition	
NAME	WARD, ROBERT			1.2 NAME	•					•				
STREET ADDRESS	510 13TH AVE S			1.3 STREE	ET A	DORESS								
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250				1.4 CITY-ST-ZIP							_		
TITLE	VP		DELETE	2.1 TITLE	2.1 TITLE		VICE	PRESIDENT			Cha	nge	Addition	
NAME	CONFER. BILL			2.2 NAME	:		Da	rrell Box 34 Farringt	an 6	4	<i>,</i> .			
STREET ADDRESS	2346 INDIAN SPRINGS DR		•	2.3 STREE	ETA	ADDRESS	30	34 Farringt	01) E	<i>)</i> L				
CITY-ST-ZBP	JACKSONVILLE FL 32246		-	2. 4 CITY-	-ST	·ZP -	JA	X, FL. 322	24.					
TITLE	SD	DELETE			:						Cha	nge	Addition	
NAME	MARKUS. JULIE	RKUS JUHF			3.2 NAME									
STREET ADDRESS	ASSOCIATION AND AND AND AND AND AND AND AND AND AN			3.3 STREET ADDRESS						•	•			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250			3.4. CITY-ST-ZIP										
TIRLE	TD	·	☐ DELETE	4.1 TITLE							☐ Cha	inge	Addition	
NAME	LYONS, MARTI			4, 2 NAME	E									
STREET ADDRESS	6 OAKWOOD RD			4.3 STREI	ET A	ADDRESS								
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	)		4.4 CITY-	·ST-	.ZIP								
TITLE .	0/10/100////222 02/0/// 2 02/0//		☐ DELETE	5.1 TITLE							☐ Cha	nge	Addition	
NAME	-			5.2 NAME	=									
STREET ADDRESS	• -			5.3 STREE	ET#	ADDRESS								
CITY-ST-ZIP	.•			5.4 CITY-	·ST-	ZIP								
TITLE			☐ DELETE	6.1 TITLE							Cha	nge	☐ Addition	
NAME			_	6.2 NAME	=									
				6.3 STREE	ET /	ADDRESS								
STREET ADDRESS				6.4 CITY-										
CITY-ST-ZIP														

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.

SIGNATURE:

SATURE AND THE DISTRICT AME OF SIGNING OFFICE FOR DIRECTOR

04 29

Daytime Phone #

(11/30)

Applied For

Not Applicable