


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90096 043 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000004795</b>					
1. Corporation Name <b>STRIKE FORCE SOFTBALL ASSOCIATION, INC.</b>					
Principal Place of Business <b>330 RIDGE ROAD</b> <b>PO BOX 495</b> <b>OZONA FL 34660</b>			Mailing Address <b>330 RIDGE ROAD</b> <b>PO BOX 495</b> <b>OZONA FL 34660</b>		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3402173	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>HATCHER, CHERYL</b> <b>330 RIDGE ROAD</b> <b>PO BOX 495</b> <b>OZONA FL 34660</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 resigning)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIALA, LEE		1.2 NAME	Jayne, Linda	
STREET ADDRESS	1682 VIRGINIA AVE		1.3 STREET ADDRESS	4152 Savage Station Circle	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP	New Port Richey, FL 34453	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNEADON, BEVERLY		2.2 NAME	Hatcher, Jason	
STREET ADDRESS	1321 COLUMBIA AVE		2.3 STREET ADDRESS	330 Ridge Rd.	
CITY-ST-ZIP	PALM HARBOR FL 34683		2.4 CITY-ST-ZIP	Ozona, FL 34660	
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HATCHER, CHERYL		3.2 NAME		
STREET ADDRESS	330 RIDGE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OZONA FL		3.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLMO, L		4.2 NAME		
STREET ADDRESS	2284 HIDDEN MEADOW DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

SIGNATURE: Cheryl Hatcher 4-27-99 1727/784-4472  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)