FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

N96000005398 (0)

WESTCOAST GIRLS SOFTBALL ASSN., INC.

Principal Place of Business	1
9311 STAR TRAIL	

Mailing Address

9311 STAR TRAIL

FILED Feb 04 1997 8:00am Secretary of State



NEW PORT RIC	CHEY FL 34654	NEW PORT RICHEY FL 3	4654-254	,		
						3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
26						59-3405 480 Not Applicab
Suite, Apt. #, etc. Suite, Apt. #, etc.						S8 75 Additional
27						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry	,	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes X No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
BLANKE	NSHIP, ROBERT			B2	Stroot Ac	oddress (P.O. Box Number is Not Acceptable)
	AR TRAIL			02	3000170	Address (r. O. Dox (valitibe) is viol Addeptable)
	ORT RICHEY FL 34654			83		
IILII I C	SIT THORIES TE OTOST				60.	Ice L 71- Oct
				84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508. Florida Statu	tes, the a	bove	e-named co	corporation submits this statement for the purpose of changing its registers
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorize Iorida Sta	ed by	the corpo	oration's board of directors. I hereby accept the appointment as registered
	in tansia. With and accept the obligi	ations of bection on toob, in	ionoa ok	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.	
SIGNATURE _	Signature, typed or printed name of registered age	int and title if applicable (NO	TE: Register	ed Age	ent signature re	required when reinstating) DATE
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1	TITLE		☐ Change ☐ Additi
NAME	BLANKENSHIP, ROBERT		1.21	NAME		
STREET ADDRESS	9311 STAR TRAIL		1.3 !	STAEET	ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 3465	i4	141	CITY-S	7.7IP	
TITLE	D	DELETE		TITLE	" " †	☐ Change ☐ Additi
NAME	BECK, ERNIE			NAME	j	
STREET ADDRESS	16124 FROST DRIVE				ADDRESS	
1	HUDSON FL 34667					
CITY-ST-ZIP TITLE	D	DELETE		FITLE	ST-ZIP	☐ Change ☐ Additi
		L better				Containing
NAME	OLMSTEAD, JUG			NAME		
STREET ADDRESS	10418 VENTURA D				T ADDRESS	
CITY - ST - ZIP	SPRING HILL FL	T I brieve			ST-ZIP	There I same
TITLE		DELETE		TITLE		Change Additi
NAME				NAME		
STREET ADDRESS			4.3	STREET	T ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE		DELETE	5.1	TITLE		☐ Change ☐ Additi
NAME			5.2	NAME		
STREET ADDRESS			5.3	STREET	r address	
CITY-ST-ZIP			5.4	CITY-S	ST-ZIP	
TITLE		DELETE		TITLE		. Change Additi
NAME .			6.2	NAME	[
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP					ST-ZIP	
	by cortifu that the information supplies	d with this filing does not aug				lated in Section 119 07(3Vi). Florida Statutes. I further certify that the

Too 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.

GNATURE:

GNATURE: