


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005537 (3)
1. Corporation Name
GIRLS SOFTBALL ASSOCIATION, INC.



Principal Place of Business 264 HAMPSHIRE AVENUE SPRING HILL FL 34606	Mailing Address 264 HAMPSHIRE AVENUE SPRING HILL FL 34606
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3. Date Incorporated or Qualified 10/29/1996	
4. FEI Number 59-3408654	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1184 Fayetteville Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 1184 Fayetteville Dr. Suite, Apt. #, etc.
22	27
23 Spring Hill FL City & State	28 Spring Hill FL City & State
24 34609 25 US Zip Country	29 34609 30 US Zip Country

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NESSLER, PAUL H JR.
4040 COMMERCIAL WAY
SUITE 4
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

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 617.1508, 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: *Gerard J. De Cristofaro*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	CLARK, THOMAS C	
STREET ADDRESS	264 HAMPSHIRE AVENUE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VD	<input type="checkbox"/>
NAME	DECRISTAFARO, GERARD	
STREET ADDRESS	1184 FAYETTEVILLE DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	STD	<input checked="" type="checkbox"/>
NAME	STREIT, DARCY	
STREET ADDRESS	P.O. BOX 402	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Gerard DeCristofaro		
1.3 STREET ADDRESS	1184 Fayetteville Dr.		
1.4 CITY-ST-ZIP	Spring Hill FL 34609		
2.1 TITLE	Vice President	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Doug Rogers		
2.3 STREET ADDRESS	26484 croft Lane		
2.4 CITY-ST-ZIP	Brooksville FL 34602		
3.1 TITLE	Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Kathleen De Cristofaro		
3.3 STREET ADDRESS	1184 Fayetteville Dr.		
3.4 CITY-ST-ZIP	Spring Hill FL 34609		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: *Gerard J. De Cristofaro* **Gerard J De Cristofaro** 352-688-8347

CR2E087 (10/97)