


FILE NOW: FILING FEE IS \$61.25 *

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N96000006469</u> 1. Corporation Name YOUTH SOFTBALL ASSOCIATION OF APOPKA, INC.					
Principal Place of Business 11 Oak Hammock Lane Apopka, Florida 32712			Mailing Address 11 Oak Hammock Lane Apopka, Florida 32712		
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		3. Date Incorporated or Qualified December 19, 1996	
4. FEI Number 59-3421924		Applied For <input 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			
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 Barwikowski, Leah 11 Oak Hammock Lane Apopka, Florida 32712			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DGP <input checked="" type="checkbox"/> DELETE NAME ANDERSON, DANNY STREET ADDRESS 1705 Cedar Glen Drive CITY-ST-ZIP Apopka, FL 32712			1.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME POORBAUGH, MONICA 1.3 STREET ADDRESS 2243 West Kelly Park Road 1.4 CITY-ST-ZIP Apopka, FL 32712		
TITLE DPresident <input type="checkbox"/> DELETE NAME OWEN, SHARON STREET ADDRESS 3211 Plymouth Sorrento Road CITY-ST-ZIP Apopka, FL 32712			2.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME PYBURN, CHARLES 2.3 STREET ADDRESS 257 West Mangolia Street 2.4 CITY-ST-ZIP Apopka, FL 32712		
TITLE DVP <input type="checkbox"/> DELETE NAME Barwikowski, Leah STREET ADDRESS 11 Oak Hammock Lane CITY-ST-ZIP Apopka, FL 32712			3.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME GIPSON, GAROLD 3.3 STREET ADDRESS 6308 Stanwin Drive 3.4 CITY-ST-ZIP Apopka, FL 32712		
TITLE DOperational VP <input type="checkbox"/> DELETE NAME OWEN, SCOTT STREET ADDRESS 3211 Plymouth Sorrento Road CITY-ST-ZIP Apopka, FL 32712			4.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Secretary 4.3 STREET ADDRESS GILL, KATHY 4.4 CITY-ST-ZIP 2113 Countryside Drive 4.5 CITY-ST-ZIP Apopka, FL 32712		
TITLE DTreasurer <input type="checkbox"/> DELETE NAME JOHNSON, ROBIN STREET ADDRESS 329 Spring Hollow Blv. CITY-ST-ZIP Apopka, FL 32712			5.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME MEADOWS, ENID 5.3 STREET ADDRESS 1020 Peacock Court 5.4 CITY-ST-ZIP Apopka, FL 32712		
TITLE D <input type="checkbox"/> DELETE NAME MEADOWS, ENID STREET ADDRESS 1020 Peacock Court CITY-ST-ZIP Apopka, FL 32712			6.1 TITLE D 6.2 NAME 300002525643 6.3 STREET ADDRESS -05/15/98--01081--005 6.4 CITY-ST-ZIP ***61.25		

14. I hereby certify that the information furnished 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: Leah Barwikowski **April 27, 1998** **407/889-5780**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)