


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90004 018 \*\*\*\*61.25

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<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 # N97000000128</b>					
1. Corporation Name <b>SOUTH BREVARD SHARKS GIRLS FASTPITCH SOFTBALL, INC.</b>					
Principal Place of Business <b>849 NIAGARA ST NW          PALM BAY FL 32907</b>			Mailing Address <b>150 PECKHAM ST. N.E.          PALM BAY FL 32907          US</b>		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>849 Niagara St. NW.</b>		01/03/1997	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 <b>Palm Bay FL.</b>		59-3414981	
24 Zip		29 <b>32907</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country		30 <b>USA</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DRISCOLL, LORI J.</b> <b>150 PECKHAM ST. N.E.</b> <b>PALM BAY FL 32907</b>				81 Name <b>Maria Hess</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>849 Niagara St. N.W.</b> 83 84 City <b>Palm Bay</b> <b>FL</b> 85 Zip Code <b>32907</b>			

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 *Maria R Hess* **MARIA R HESS** 8/22/99 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HESS, MARIA			1.2 NAME			
STREET ADDRESS	849 NIAGARA ST NW			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32907			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRISCOLL, LORI			2.2 NAME			
STREET ADDRESS	150 PECKHAM ST NE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32907			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRISCOLL, JEFF			3.2 NAME			
STREET ADDRESS	150 PECKHAM ST NE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32907			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, LARRY			4.2 NAME			
STREET ADDRESS	3200 S COUNTRY CLUB RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901			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: *Maria R Hess* **MARIA R HESS** 8/22/99 407-725-8352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)