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Secretary of State

02-22-1999 90043 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001267

1. Corporation Name

SEBRING YOUTH FAST PITCH SOFTBALL, INC.

Principal Place of Business

 127 SHARON AVE
 SEBRING FL 33872
 US

Mailing Address

 P O BOX 4253
 SEBRING FL 33871
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/28/1997	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number	
22		27		65-0716549	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

 MOONEY, GARY
 127 SHARON AVE
 SEBRING FL 33872

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, GARY	1.2 NAME	
STREET ADDRESS	127 SHARON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACE, JOY	2.2 NAME	
STREET ADDRESS	439 ROSE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CHERYL	3.2 NAME	
STREET ADDRESS	2102 ROSELAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBB, NATALIE	4.2 NAME	
STREET ADDRESS	3345 SPARTA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, THOMAS	5.2 NAME	
STREET ADDRESS	5902 GOLDEN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mooney, Angie	6.2 NAME	
STREET ADDRESS	127 Sharon Ave	6.3 STREET ADDRESS	
CITY-ST-ZIP	Sebring, FL 33872	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: *Angie Mooney* **RECEIVED** **1-6-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)