NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

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	1999	3121	DIVISION O	F CORPOR	ATIONS		03-02-1999 \$	90191 046	01.23
DOCU	MENT # N9700	0001	531						
1. Corporation									
GAINES	WILLE GATORS SOFTBALL	. TEAM, I	NC.						
Principal Plac	ce of Business	Maili	ng Address						
POST OFFICE			OFFICE BOX 431	1		Ì	n 1840) in a chair ann an 1841 an an 1841 a Chail a Chail a Chail	1987) 1988) HERE BYER IV	7FI 14FI 14.5F
	FL 32613-4311		ESVILLE FL 32613						
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	Place of Business	—	failing Address			,	3. Date incorporated or Qualified 03/14/1997 - 59 -	3510569	7 .
21 Suite, Apl.	# atr	<u> 26 </u> S	uite, Apt. #, etc.				4. FEI Number		plied For
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City & Sta	ite		ity & State				5. Certificate of Status Desired	\$8.75 A	
23	Camata	28	ip		ntry			Fee Re	
Zip 24	Country————————————————————————————————————	- la -	.p	30	n::y	•	Election Compaign Financing Trust Fund Contribution	\$5.00 Added to	
24	9. Name and Address of Curre	ent Register	red Agent	90			10. Name and Address of New Regis	stered Agent	
					81 Name	•			
KRAUS, T	TERESA				82 Street	Addres	sa (P.O. Box Number is Not Acceptable)		
	35TH PLACE STE 1301			i	83				
GAINESVI	ILLE FL 32608							··	
								85 Zip C	ode
					84 City		•	FL	
11. Pursuant	t to the provisions of Sections 617.05	502 and 617	.1508, Florida Sta	tutes, the a		corpor	ation submits this statement for the purp	FL	registered
11. Pursuant office or agent. La	t to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the oblig	502 and 617 e of Florida. pations of, Se	.1508, Florida Sta Such change was action 617.0503, I	tutes, the al s authorized Florida Stati		corpor	ation submits this statement for the purp is board of directors, I hereby accept the	FL	registered pistered
11. Pursuant office or agent. La	bulken				ove-named by the contites.		ration submits this statement for the purp 's board of directors. I hereby accept the	FL	registered pistered
SIGNATURE	Signature, typed or printed name of registered ag	pent and title If ap	opicable. (NC		ove-named by the contites.	required w	when retreating)	ose of changing its appointment as rec	RS IN 12
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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 suppliemental 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 appear with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NOW OFFICER OR DIRECTOR

Date

Date

Degree Provide #

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