


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N97000001586 (3)

1. Corporation Name

EASTERN PROWLER'S BASEBALL CLUB, INC.

Principal Place of Business

Mailing Address

37429 ORANGE ROW LANE
DADE CITY FL 33525

37429 ORANGE ROW LANE
DADE CITY FL 33525

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

31-1565647

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 36506 LANIGAN ROAD

26 36506 LANIGAN ROAD

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

City & State

City & State

23 DADE CITY, FL.

28 DADE CITY, FL.

Zip

Country

24 33525

25 PASCO

29 33525

30 PASCO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAYNE, JACK R
37429 ORANGE ROW LANE
DADE CITY FL 33525

81 Name

ELLEN WILSON

82 Street Address (P.O. Box Number is Not Acceptable)

36506 LANIGAN ROAD

83

84 City

DADE CITY

FL

85 Zip Code

33525

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

ELLEN WILSON (TREASURER)

Ellen Wilson

3/16/98

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 D ☒ DELETE

NAME PAYNE, JACK R
STREET ADDRESS 37429 ORANGE ROW LANE
CITY-ST-ZIP DADE CITY FL 33525

1.1 TITLE

☐ Change

☒ Addition

1.2 NAME

ELLEN WILSON

1.3 STREET ADDRESS

36506 LANIGAN ROAD

1.4 CITY-ST-ZIP

DADE CITY, FL 33525

TITLE D ☐ DELETE

NAME ORR, RENEE M
STREET ADDRESS 32845 TRIBBY ROAD
CITY-ST-ZIP DADE CITY FL 33526

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME WATSON, KEVIN
STREET ADDRESS 36741 LAUREL OAK LANE
CITY-ST-ZIP DADE CITY FL 33526

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME EVANS, CLARK
STREET ADDRESS 13627 13TH STREET
CITY-ST-ZIP DADE CITY FL 33525

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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:

ELLEN WILSON

3/16/98

352-567-6617

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGED OFFICER OR DIRECTOR

CP2E037 (10/97)