

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

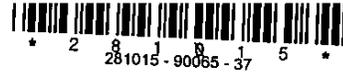
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003502**

1. Corporation Name  
**COLLIER CUBS SOFTBALL, INC.**

Principal Place of Business 141 SHARWOOD DR. NAPLES FL 34110	Mailing Address P.O. BOX 275 NAPLES FL 34106
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2. Principal Place of Business 21 <b>822 97<sup>th</sup> Ave N</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>822 97<sup>th</sup> Ave N</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>06/17/1997</b>
22	27	4. FEI Number <b>65-0786498</b> Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>Naples FL</b>	28 City & State <b>Naples FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>34108</b>	25 Country <b>USA</b>	29 Zip <b>34108</b>
30 Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>HUDGINS, THOMAS F ESQ C/O PAULICH, SLACK &amp; WOLFF, P.A. 801 ANCHOR RODE DRIVE, SUITE 203 NAPLES FL 34103</b>	10. Name and Address of New Registered Agent 81 Name <b>Barb Brooks</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>211 Bay Front Dr.</b> 83 84 City <b>Bonita Sp. Fla.</b> 85 Zip Code <b>FL 34134</b>
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11. Pursuant to the provisions of Sections 817.0502 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 817.0503, Florida Statutes.

SIGNATURE *Barb Brooks* DATE **1-31-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT = P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RESOP, KATHIE E</b>		1.2 NAME <b>Barb Brooks</b>	
STREET ADDRESS <b>141 SHARWOOD DR.</b>		1.3 STREET ADDRESS <b>211 Bay Front Dr.</b>	
CITY-ST-ZIP <b>NAPLES FL 34106</b>		1.4 CITY-ST-ZIP <b>Bonita Sp. Fla. 34134</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SECRETARY = S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEDBERG, BARBARA</b>		2.2 NAME <b>DUNCAN PATTY</b>	
STREET ADDRESS <b>778 105TH AVE. N.</b>		2.3 STREET ADDRESS <b>465 Cypress Way E</b>	
CITY-ST-ZIP <b>NAPLES FL 34110</b>		2.4 CITY-ST-ZIP <b>Naples FL 34110</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TREASURER = T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MATULAY, PATRICIA D</b>		3.2 NAME <b>Sherwood Cathy J</b>	
STREET ADDRESS <b>2310 ARBOUR WALK CIRCLE</b>		3.3 STREET ADDRESS <b>822 97th Ave N</b>	
CITY-ST-ZIP <b>NAPLES FL 34109</b>		3.4 CITY-ST-ZIP <b>Naples, FL 34108</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 817, 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: *Cathy J. Sherwood* **REQUIRED** DATE **1-9-99** DAYTIME PHONE # **94-547-9236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CATHY J. SHERWOOD**

CR2E037 (1/98)