

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90008 050 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003890

1. Corporation Name

THE FLORIDA WOMEN'S BASEBALL LEAGUE, INC.

Principal Place of Business

**8408 NORTH EIDSON AVENUE
TAMPA FL 33604**

Mailing Address

**8408 NORTH EIDSON AVENUE
TAMPA FL 33604**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/07/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3456425	
Country		Country		Applied For	
24		30		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		Trust Fund Contribution	
8.75 Additional Fee Required		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALARDIS, CHARLES S
8408 NORTH EIDSON AVENUE
TAMPA FL 33604**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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	
NAME	PALARDIS, CHARLES S	1.2 NAME	
STREET ADDRESS	8408 NORTH EIDSON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	JONES, JEANNE E	2.2 NAME	
STREET ADDRESS	1415 JENNINGS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BEDELL, NANCY C	3.2 NAME	
STREET ADDRESS	1415 JENNINGS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	BUCHANAN, CYNDEE	4.2 NAME	
STREET ADDRESS	5802 N. CHEROKEE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99

Date

813 837 6461

Daytime Phone #