

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90005 025 ****61.25

DOCUMENT # N97000004263

Corporation Name

CENTRAL FLORIDA STAMPEDE BASEBALL, INC.

Principal Place of Business

111 CARISUDO CT
ORLANDO FL 32812

Mailing Address

3111 CARISUDO CT
ORLANDO FL 32812

613427-90005-25



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1997	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3460453	
City & State		27 City & State		Applied For Not Applicable	
Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

JAMES, STEVE
3111 CARISUDO CT
ORLANDO FL 32812

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

I, 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

11. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	JAMES, STEVE J	1.2 NAME	
REET ADDRESS	3111 CARISUDO CT	1.3 STREET ADDRESS	
Y-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	
LE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	JAMES, DEBRA	2.2 NAME	
REET ADDRESS	3111 CARISUDO CT	2.3 STREET ADDRESS	
Y-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	DURSO, CHRISTINA	3.2 NAME	
REET ADDRESS	8257 HATTERAS ROAD	3.3 STREET ADDRESS	
Y-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME	PROULX, DIANE	4.2 NAME	Diane Johnson
REET ADDRESS	2704 ROGAN ROAD	4.3 STREET ADDRESS	750 E. Alpine Rd.
Y-ST-ZIP	ORLANDO FL 32812	4.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
LE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME	COSCIA, LAUREN	5.2 NAME	Susan M. Chairvolotti
REET ADDRESS	7322 POI CIRCLE	5.3 STREET ADDRESS	3502 Hargill Drive
Y-ST-ZIP	ORLANDO FL 32822	5.4 CITY-ST-ZIP	Orlando, FL 32806
LE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	SMITH, KIM	6.2 NAME	
REET ADDRESS	1925 HEATHERWOOD DRIVE	6.3 STREET ADDRESS	
Y-ST-ZIP	WINTER PARK FL 32792	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-99

Date

407-839-474

Daytime Phone #

0001575

CR2E037 (5/99)