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Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005202 (3)

1. Corporation Name

FLORIDA WINTER BASEBALL LEAGUE, INC.

Principal Place of Business

Mailing Address

7438 PINEHURST DRIVE  
SPRING HILL FL 34606

7438 PINEHURST DRIVE  
SPRING HILL FL 34606

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

59-3469917

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNES, ROBERT L JR  
2655 MCCORMICK DRIVE  
CLEARWATER FL 34619

81 Name

Jeffrey P. Cario

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

7361 Forest Oaks Boulevard

83

Spring Hill, FL 34606

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jeffrey P. Cario

4/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Chairman of the Board, Dir. <input type="checkbox"/> DELETE
NAME	J.D. Noland, Jr.
STREET ADDRESS	2020 Armstrong Mill Rd., Apt. 1834
CITY-ST-ZIP	Lexington, KY 40515
TITLE	President, Director <input type="checkbox"/> DELETE
NAME	John Rizzuto
STREET ADDRESS	7438 Pinehurst Drive
CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	1st Vice President, Director <input type="checkbox"/> DELETE
NAME	Richard Nestor
STREET ADDRESS	9145 Colmart Street
CITY-ST-ZIP	Spring Hill, FL 34608
TITLE	2nd Vice President <input type="checkbox"/> DELETE
NAME	J.D. Noland, Sr.
STREET ADDRESS	3551 Olympia Road
CITY-ST-ZIP	Lexington, KY 40517
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Simon (Rick) Reina
STREET ADDRESS	7366 Tradewinds Lane
CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Larry J. Garofano
STREET ADDRESS	7537 Pinehurst Drive
CITY-ST-ZIP	Spring Hill, FL 34606

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

 John Rizzuto

4/18/98 (352) 684-0894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088440

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