

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000006493

1. Corporation Name

HIGHLANDS COUNTY SENIOR SOFTBALL LEAGUE, INC.

Principal Place of Business
1707 LAKE PIONEER AVENUE
AVON PARK FL 33825

Mailing Address
1707 LAKE PIONEER AVENUE
AVON PARK FL 33825

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

03-22-1999 90120 033 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0796202	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent

KAPALIN, JERRY
1707 LAKE PIONEER AVENUE
AVON PARK FL 33825

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

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	PD
NAME	GOMEZ, TONY	1.2 NAME	Brown, Curtis M
STREET ADDRESS	4001 PAGE AVENUE	1.3 STREET ADDRESS	4917 Elm Street
CITY-ST-ZIP	SEBRING FL 33870	1.4 CITY-ST-ZIP	Sebring FL, 33872
TITLE	VPD	2.1 TITLE	
NAME	KAPALIN, JERRY	2.2 NAME	
STREET ADDRESS	1707 LAKE PIONEER AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	GLENN, MAX	3.2 NAME	Bell, Harry
STREET ADDRESS	1423 N.E. LAKEVIEW DRIVE	3.3 STREET ADDRESS	4343 Schumacher Road, #176E
CITY-ST-ZIP	SEBRING FL 33870	3.4 CITY-ST-ZIP	Sebring, FL. 33870
TITLE	TD	4.1 TITLE	
NAME	BELL, HARRY	4.2 NAME	
STREET ADDRESS	4343 SCHUMACHER ROAD, #176E	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/99 1-941-382-1542

CR2E037 (11/98)