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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # N97000007143																																																																											
1. Corporation Name SOUTHERN PRIDE SOFTBALL, INC.																																																																											
Principal Place of Business 100 DELL RD FT WALTON BEACH FL 32547		Mailing Address 100 DELL RD FT WALTON BEACH FL 32547																																																																									
2. Principal Place of Business 21 <u>158 NW RAINBOW DR</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>158 NW RAINBOW DR</u> Suite, Apt. #, etc.																																																																									
22 <u>FT WALTON BEACH, FL</u> City & State		27 <u>FT WALTON BEACH, FL</u> City & State																																																																									
23 <u>32548</u> 25 <u>USA</u> Zip Country		28 <u>32548</u> 30 <u>USA</u> Zip Country																																																																									
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9. Name and Address of Current Registered Agent GOTLIEBSON, KYLE 1122 BRIDLEWOOD PATH FT WALTON BEACH FL 32547		10. Name and Address of New Registered Agent 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 <u>Kyle Gottliebson</u> DATE <u>21 Mar 99</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																											
12. OFFICERS AND DIRECTORS																																																																											
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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

DEBORAH HOMER

18 MAR 99

2 APR 99

243-7664

302-4526