

FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90077 012 ****70.00

**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



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

DOCUMENT # N98000000260

1. Corporation Name

SUNCOAST SISTERS SOFTBALL LEAGUE, INC.

Principal Place of Business

10030 11TH STREET NORTH #203
 ST. PETERSBURG FL 33716

Mailing Address

10030 11TH STREET NORTH #203
 ST. PETERSBURG FL 33716



2. Principal Place of Business

21 ~~3350~~ 7504 WINGING WAY DRIVE

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33615

Country

25 U.S.A.

2a. Mailing Address

26 7504 WINGING WAY DRIVE

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33615

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

FELCH, KATHY
 10030 11TH STREET NORTH #203
 ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name RACHAEL HERRERA

82 Street Address (P.O. Box Number is Not Acceptable)
 7504 WINGING WAY DRIVE

83

84 City TAMPA

FL

85 Zip Code
 33615

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 RACHAEL HERRERA, COMMISSIONER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
 NAME FELCH, KATHY
 STREET ADDRESS 10030 11TH STREET NORTH #203
 CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE D ☒ DELETE
 NAME MOORE, LEESA
 STREET ADDRESS 1805 W. MORRISON AVE.
 CITY-ST-ZIP TAMPA FL 33606

TITLE DT ☒ DELETE
 NAME RAINEY, KAREN
 STREET ADDRESS 2816 PEARL AVENUE
 CITY-ST-ZIP TAMPA FL 33611

TITLE DS ☒ DELETE
 NAME WILLIAMS, BEVERLY
 STREET ADDRESS 8314 PADDLEWHEEL ST
 CITY-ST-ZIP TAMPA FL 33637

TITLE D ☒ DELETE
 NAME BRUEMMER, SUSAN
 STREET ADDRESS 225 5TH AVE. N.E. #24
 CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D ☒ DELETE
 NAME MESSER, SHERRI
 STREET ADDRESS 7109 51ST PLACE EAST
 CITY-ST-ZIP BRADENTON FL 34203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
 1.2 NAME RACHAEL HERRERA
 1.3 STREET ADDRESS 7504 WINGING WAY DRIVE
 1.4 CITY-ST-ZIP TAMPA FL 33615 ☐ Change ☒ Addition

2.1 TITLE D/S ☐ Change ☒ Addition
 2.2 NAME PAT O'CONNOR
 2.3 STREET ADDRESS 4103 COPPER CANYON BLVD.
 2.4 CITY-ST-ZIP VALRICO FL 33531 ☐ Change ☒ Addition

3.1 TITLE D ☐ Change ☒ Addition
 3.2 NAME TAMMY SMITH
 3.3 STREET ADDRESS 109 W. HANNA AVE.
 3.4 CITY-ST-ZIP TAMPA FL 33604 ☐ Change ☒ Addition

4.1 TITLE ~~Diana Truex~~ ☐ Change ☒ Addition
 4.2 NAME DIANA TRUEX
 4.3 STREET ADDRESS 5901 MARJO DRIVE
 4.4 CITY-ST-ZIP TAMPA FL 33617 ☐ Change ☒ Addition

5.1 TITLE D ☐ Change ☒ Addition
 5.2 NAME LISA WRIGHT
 5.3 STREET ADDRESS 458 JOYCE TERRACE N
 5.4 CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Change ☒ Addition

6.1 TITLE DJT ☐ Change ☒ Addition
 6.2 NAME KRIS BRADY
 6.3 STREET ADDRESS 420 CAPRI WAY NE
 6.4 CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Change ☒ Addition

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: KRISTY A. BRADY

4/19/99

941/927-0999

CR2E037 (11/98)