

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90142 027 ****61.25

DOCUMENT # N98000000887

1. Corporation Name

OCALA FLAMES TRAVELING BASEBALL CLUB, INC.

Principal Place of Business

10 NW 63RD ST
OCALA FL 34475

Mailing Address

10 NW 63RD ST
OCALA FL 34475



460464 - 90142 - 27



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/13/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLOWAY, KAREN
5611 SE 2ND ST
OCALA FL 34471

81 Name ROGER WILLIAMS

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

83 10 N.W. 63RD ST

84 City OCALA

FL

85 Zip Code 34475

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

ROGER WILLIAMS REG. AGENT / PRESIDENT 4-25-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ROGER WILLIAMS

STREET ADDRESS 10 NW 63RD ST

CITY-ST-ZIP OCALA FL 34475

TITLE V ☒ DELETE

NAME KRISTI HANNON

STREET ADDRESS 3683 SE 45TH PL

CITY-ST-ZIP OCALA FL 34480

TITLE S ☒ DELETE

NAME MARTHA MURRAY

STREET ADDRESS 321 NE 70TH TERR

CITY-ST-ZIP OCALA FL 34470

TITLE T ☒ DELETE

NAME KAREN CALLOWAY

STREET ADDRESS 5611 SE 2ND ST

CITY-ST-ZIP OCALA FL 34471

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

ROGER WILLIAMS

10 NW 63RD ST

OCALA FL 34475

V/T

DON GILLETE

PO BOX 1296

SILVER SPRINGS, FL 34489

S/T

TINA WILLIAMS

10 NW 63RD ST

OCALA FL 34475

TIT

LORI GRACE

421 NE 40 TER

OCALA FL 34471

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:

ROGER WILLIAMS REQUIRED

4-25-99

352 732 2372

CR2E037 (11/98)