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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 # N98000000929

1. Corporation Name

DOT RICHARDSON SOFTBALL ASSOCIATION OF ALTAMONTE
 SPRINGS, INC.

Principal Place of Business

230 CROWN OAK CENTRE DRIVE
 LONGWOOD FL 32750

Mailing Address

230 CROWN OAK CENTRE DRIVE
 LONGWOOD FL 32750

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/16/1998

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

PHILLIPS, DAVID W
 230 CROWN OAK CENTRE DRIVE
 LONGWOOD FL 32750

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME PHILLIPS, DAVID W
 STREET ADDRESS 230 CROWN OAK CENTRE DR
 CITY-ST-ZIP LONGWOOD FL 32750

1.2 TITLE

NAME PHILLIPS, WANDA P
 STREET ADDRESS 230 CROWN OAK CENTRE DR
 CITY-ST-ZIP LONGWOOD FL 32750

1.3 TITLE

NAME RICHARDSON, LONNIE
 STREET ADDRESS 230 CROWN OAK CENTRE DR
 CITY-ST-ZIP LONGWOOD FL 32750

1.4 TITLE

NAME Ken Rossman
 STREET ADDRESS 230 Crown Oak Centre Dr.
 CITY-ST-ZIP Longwood, FL 32750

1.5 TITLE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.6 TITLE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 #

30 June 99 407-332-7754

CR'E037 (599)