

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 # N98000001297

1. Corporation Name

WEST CENTRAL FLORIDA CRICKET LEAGUE, INC.

Principal Place of Business

8002 GLEN OAK COURT
TAMPA FL 33610

Mailing Address

8002 GLEN OAK COURT
TAMPA FL 33610

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90183 007 ****61.25



2. Principal Place of Business

21 12825 ILLINOIS WOODS LN
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 550772
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

59-3528427

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

City & State

23 Orlando FL
Zip Country

City & State

28 Orlando FL
Zip Country

24 32824 25 USA

29 32855 30 USA

9. Name and Address of Current Registered Agent

FINDLAY, MELVILLE
8002 GLEN OAK COURT
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

PHILIP SIMON

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

12825 ILLINOIS WOODS Lane

83

84 City

Orlando

FL

85 Zip Code

32824

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]

4-28-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FINDLAY, MELVILLE
STREET ADDRESS 8002 GLEN OAK COURT
CITY-ST-ZIP TAMPA FL 33610
☒ DELETE

TITLE VD
NAME POLARCHEY, PATRICK
STREET ADDRESS 8002 GLEN OAK COURT
CITY-ST-ZIP TAMPA FL 33610
☒ DELETE

TITLE SD
NAME SIMON, PHILIP
STREET ADDRESS 8002 GLEN OAK COURT
CITY-ST-ZIP TAMPA FL 33610
☒ DELETE

TITLE TD
NAME MORANT, EDGAR
STREET ADDRESS 8002 GLEN OAK COURT
CITY-ST-ZIP TAMPA FL 33610
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME PHILIP SIMON
1.3 STREET ADDRESS 12825 ILLINOIS WOODS LANE
1.4 CITY-ST-ZIP Orlando FL 32824-
☒ Change ☒ Addition

2.1 TITLE V/D
2.2 NAME REX JAIWAN
2.3 STREET ADDRESS 8609 SUNNY HOLLOW LANE
2.4 CITY-ST-ZIP Orlando FL 32819
☐ Change ☒ Addition

3.1 TITLE SID
3.2 NAME RUTHA BECKFORD
3.3 STREET ADDRESS 2425 WILLIE MAYS PARKWAY
3.4 CITY-ST-ZIP Orlando FL 32811
☐ Change ☒ Addition

4.1 TITLE T/D
4.2 NAME EDGAR MORANT
4.3 STREET ADDRESS P.O. Box 2353
4.4 CITY-ST-ZIP APOKA FL 32703
☒ Change ☐ Addition

5.1 TITLE D
5.2 NAME EDWARD LEWIS
5.3 STREET ADDRESS P.O. Box 550772
5.4 CITY-ST-ZIP Orlando FL 32855
☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ 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:

[Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

(904) 612-5438

Daytime Phone #

CR2E037 (11/98)

0050351