

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 002 ****70.00

DOCUMENT # N98000004826

1. Corporation Name
OSCEOLA GIRLS FASTPITCH, INC.

Principal Place of Business: 2710 NORTH BERMUDA AVENUE, KISSIMMEE FL 34741
 Mailing Address: 2710 NORTH BERMUDA AVENUE, KISSIMMEE FL 34741

614153-90008-2



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/20/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3535772	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		30		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing	
26		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent
HORD, RICHARD W
 2710 NORTH BERMUDA AVENUE
 KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

I, 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		(NOTE: Registered Agent signature required when reinstating)		DATE
Signature, typed or printed name of registered agent and title if applicable.				
OFFICERS AND DIRECTORS				
1.	D <input type="checkbox"/> DELETE	13.		
LE	HORD, RICHARD W	1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NE	1650 GRANADA AVE.	1.2	NAME	
REET ADDRESS	KISSIMMEE FL 34741	1.3	STREET ADDRESS	
Y-ST-ZIP		1.4	CITY-ST-ZIP	
E	D <input type="checkbox"/> DELETE	2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NE	DAVIS, DEBBIE	2.2	NAME	
EET ADDRESS	1884 PLEASANT HILL RD.	2.3	STREET ADDRESS	
Y-ST-ZIP	KISSIMMEE FL 34746	2.4	CITY-ST-ZIP	
E	D <input type="checkbox"/> DELETE	3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NE	WINGER, KATHLEEN	3.2	NAME	
EET ADDRESS	3072 ZAHARIAS DR	3.3	STREET ADDRESS	
Y-ST-ZIP	ORLANDO FL 32837	3.4	CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NE		4.2	NAME	
EET ADDRESS		4.3	STREET ADDRESS	
Y-ST-ZIP		4.4	CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NE		5.2	NAME	
EET ADDRESS		5.3	STREET ADDRESS	
Y-ST-ZIP		5.4	CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NE		6.2	NAME	
EET ADDRESS		6.3	STREET ADDRESS	
Y-ST-ZIP		6.4	CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: *Richard W. Hord* **REQUIRE September 7, 1999** 407-847-3054

111:078

CRZE037 (5/99)