

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 14, 1999 8:00 am
Secretary of State

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1. Corporation Name

TEMPLE TERRACE PONY BASEBALL, INC.

Principal Place of Business

1505 NORTH FLORIDA AVENUE
TAMPA FL 33602

Mailing Address

1505 NORTH FLORIDA AVENUE
TAMPA FL 33602



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/24/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0876420

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

DRUMMOND, TEMPLE H
1505 N. FLORIDA AVENUE
TAMPA FL 33602

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS BARTON, SHERRI
CITY-ST-ZIP 8512 PORTAGE AVE.
TAMPA FL 33647

1.1 TITLE Director ☒ Change ☒ Addition
1.2 NAME Tommy Pritchard
1.3 STREET ADDRESS 8607 Shirley Drive
1.4 CITY-ST-ZIP Tampa, FL 33617

TITLE ☐ DELETE
NAME D
STREET ADDRESS DRUMMOND, TEMPLE
CITY-ST-ZIP 6714 113TH AVE.
TEMPLE TERRACE FL 33637

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Cathy Sanchez
2.3 STREET ADDRESS 11813 N. Trail
2.4 CITY-ST-ZIP Temple Terrace, FL 33617

TITLE ☐ DELETE
NAME D
STREET ADDRESS DUNN, DARRYL
CITY-ST-ZIP 8206 VOLUSIA PL
TEMPLE TERRACE FL 33637

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Damon Sullivan
3.3 STREET ADDRESS 404 David Hill Road
3.4 CITY-ST-ZIP Temple Terrace, FL 33617

TITLE ☐ DELETE
NAME T
STREET ADDRESS EVANOFF, NANCY
CITY-ST-ZIP 6710 SANDSCAPE LANE
TEMPLE TERRACE FL 33617

4.1 TITLE Vice President ☐ Change ☒ Addition
4.2 NAME Jay Wilson
4.3 STREET ADDRESS 9611 Norchester Circle
4.4 CITY-ST-ZIP Tampa, FL 33647

TITLE ☐ DELETE
NAME P
STREET ADDRESS HOUMES, MARK
CITY-ST-ZIP 7610 SANIBEL CIR. N.
TEMPLE TERRACE FL 33637

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS MOORER, KENNY
CITY-ST-ZIP 7905 RIVER RIDGE DR.
TEMPLE TERRACE FL 33637

6.1 TITLE ☐ Change ☐ Addition
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 119.073(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: Nancy A. Evanoff / RECNANDY.L. EVANOFF, TREAS. 4/5/99 813-264-6402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)