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 # N98000005536

TEMPLE TERRACE PONY BASEBALL, INC.

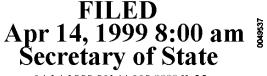
Principal Place of Business

Mailing Address

1505 NORTH FLORIDA AVENUE TAMPA FL 33602

1505 NORTH FLORIDA AVENUE

TAMPA FL 33602



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3 111 28 111 38 111		#11110 DATE (1881

2. Principal Pl	rincipal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed				
21		26			09/24/1998				
_Suite, Apt.	#, etc.	Suite, Apt. #, etc.		O 6 -5	4. FEI Number		lied For		
22		27			65-0876420		Applicable		
City & State	9	City & State			5. Certificate of Status Desired	\$8.75 Ad Fee Req			
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 N	/lav Be		
24	25 29 30		ู้ โ	Trust Fund Contribution Added to Fees					
24	9. Name and Address of Current	1 1	-		10. Name and Address of New Register	ed Agent			
			81	Name					
DRUMMOND, TEMPLE H 1505 N. FLORIDA AVENUE TAMPA FL 33602			-	82 Street Address (P.O. Box Number is Not Acceptable) 83					
			82						
			83						
			"						
			84						
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	e-named corpo	pration submits this statement for the purpose	e of changing its r	egistered		
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Flonda. Such change was auth	ionzea by	the corporation	n's board of directors. I hereby accept the ap	pomunent as reg	ISIBIBU		
SIGNATURE		ANOTE: P		nt signature required	when reinstating) DATE				
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	IL SIGNATURE I SOCIATION	ADDITIONS/CHANGES TO OFFICERS		RS IN 12		
TITLE	D	DELETE	1.1 TITLE	D _i	inctor	Change	Addition		
	BARTON, SHERRI		1.2 NAME		smmy Pritchard	-	/ \		
NAME									
STREET ADDRESS	8512 PORTAGE AVE.		1		1607 Shinley Drive				
CITY-ST-ZIP	TAMPA FL 33647	☐ DELETE	1.4 CITY-S		anρa, F1. 33617	☐ Change	Addition		
TITLE	D	□ DELE1E	2.1 TITLE	I .	cretary		~		
NAME	DRUMMOND, TEMPLE		2.2 NAME	ا ب	othy sanchez				
STREET ADDRESS	0114 110111 AVE:				1813 N. Trail				
CITY-ST-ZIP	TEMPLE TERRACE FL 33637		2. 4 CITY-5		Tempe Terrace, FL. 33617	Change	- Addition		
-TITLE	D	→ - □ DELETE	3.1 TITLE	1 _	rector	Criange	- M Monthou		
NAME	DUNN, DARRYL		3.2 NAME	D	anon Sullivan				
STREET ADDRESS	8206 VOLUSIA PL		3.3 STREET		OH Druid Hills Road				
CITY-ST-ZIP	TEMPLE TERRACE FL 33637		3,4, CITY-5		Temple Terrace, FL. 33617				
TITLE	T	☐ DELETE	4.1 TITLE	17	ce President	Change	Addition		
NAME	EVANOFF, NANCY		4. 2 NAME	3	Say Wilson				
STREET ADDRESS	6710 SANDSCAPE LANE		4.3 STREE	TADORESS 9	611 Norchester Circle				
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		4.4 CITY-S	T-ZIP	ampa FL 33647				
TITLE	P	☐ DELETE	5.1 TITLE		1	☐ Change	☐ Addition		
NAME	HOUMES, MARK		5.2 NAME	-					
STREET ADDRESS	7610 SANIBEL CIR. N.		5.3 STREE	TADORESS					
CITY-ST-ZIP	TEMPLE TERRACE FL 33637		5.4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	6.1 TTLE	<u> </u>		☐ Change	☐ Addition		
NAME	MOORER, KENNY		6.2 NAME		•				
STREET ADDRESS	7905 RIVER RIDGE DR.		6.3 STREE	T ADDRESS					
CITY-ST-ZIP	TEMPLE TERRACE FL 33637		6.4 CITY-S	T-ZIP		,			
U117-51-ZIP	ICIVITLE IENTWOETL 3303/								

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 Chatter 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.