

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743236 (2)
1. Corporation Name
FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC.



Principal Place of Business: 7480 DANA LIN CIRCLE, NORTH FT. MYERS FL 33917 US
Mailing Address: 7480 DANA LIN CIRCLE, NORTH FT. MYERS FL 33917 US

3. Date Incorporated or Qualified: 06/13/1978
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	NOT APPLICABLE	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent	81. Name	10. Name and Address of New Registered Agent
DOTY, ROGER 7480 DANA LIN CIRCLE NORTH FT. MYERS FL 33917	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	
	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWHON, DONNIE	1.2 NAME	GERALD MILLER
STREET ADDRESS	12324 WOODROSE CT #3	1.3 STREET ADDRESS	1831 S.E. 26TH TERR
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	EXEC. VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHACONAS, THEODORE M	2.2 NAME	JOSEPH GREEN
STREET ADDRESS	1201 SE 21ST LANE	2.3 STREET ADDRESS	1429 SE 34TH TERR.
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DOTY, ROGER	3.2 NAME	
STREET ADDRESS	7480 DANA LIN CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDENHALVEN, RICHARD	4.2 NAME	NICK EVANGELISTA
STREET ADDRESS	129 BAEZ CT	4.3 STREET ADDRESS	432 S.W. 20TH ST
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	CAPE CORAL FL 33991
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECCHINI, PETER J	5.2 NAME	LARRY SCHILLER
STREET ADDRESS	1728 W CORAL TERRACE	5.3 STREET ADDRESS	17501 OSPREY INLET
CITY-ST-ZIP	NO FORT MYERS FL	5.4 CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HUTCHERSON, SHERWOOD N	6.2 NAME	
STREET ADDRESS	3527 SW 5TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Roger Doty* ROGER DOTY 4/11/96 (941) 543-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2E037 (12/95)