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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
7480 DANA LIN CIRCLE NORTH FT. MYERS FL 33917 US
7480 DANA LIN CIRCLE NORTH FT. MYERS FL 33917-3300 US

3. Date Incorporated or Qualified 06/13/1978
3a. Date of Last Report 04/16/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DOTY, ROGER
7480 DANA LIN CIRCLE
NORTH FT. MYERS FL 33917

10. Name and Address of New Registered Agent
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, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Roger Doty* 4/2/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, GERALD	
STREET ADDRESS	1831 SE 26TH TERR	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, JOSEPH	
STREET ADDRESS	1429 SE 34TH TERR	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOTY, ROGER	
STREET ADDRESS	7480 DANA LIN CIRCLE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANGELISTA, NICK	
STREET ADDRESS	422 SW 20TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHILLER, LARRY	
STREET ADDRESS	17501 OSPREY INLET	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHERSON, SHERWOOD N	
STREET ADDRESS	3527 SW 5TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABDOW, ROBERT	
1.3 STREET ADDRESS	1100 PONDELLA RD #304	
1.4 CITY-ST-ZIP	NO. FORT MYERS FL 33903	
2.1 TITLE	EXEC. VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GERMINARIO, JAMES	
2.3 STREET ADDRESS	1445 S.E 17TH ST	
2.4 CITY-ST-ZIP	CAPE CORAL FL 33990	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RYAN, JAMES	
5.3 STREET ADDRESS	2811 S.E 18TH AVE	
5.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE: *Roger Doty* SECRETARY 4/3/97 941-543-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068909

CR2E037 (9/96)