


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743236 (2)**  
1. Corporation Name  
**FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC.**



Principal Place of Business <b>7480 DANA LIN CIRCLE NORTH FT. MYERS FL 33917 US</b>	Mailing Address <b>7480 DANA LIN CIRCLE NORTH FT. MYERS FL 33917 US</b>
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3. Date Incorporated or Qualified <b>06/13/1978</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year (Intangible) Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>MA</b>	

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

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 <b>MILLER, JERRY</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1831 S.E. 26TH TERRACE</b>
83. City <b>CAPE CORAL FL</b>
84. Zip Code <b>33904</b>

11. Pursuant to the provisions of Sections 617.0302 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: *Gerald D. Miller* **GERALD D. MILLER** DATE: **4/16/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ABDOW, ROBERT</b>	
STREET ADDRESS	<b>1100 PONDELLA ROAD, #304</b>	
CITY-ST-ZIP	<b>NORTH FT MYERS FL</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>GERMINARIO, JAMES</b>	
STREET ADDRESS	<b>1445 SE 17TH STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DOTY, ROGER</b>	
STREET ADDRESS	<b>7480 DANA LIN CIRCLE</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANGELISTA, NICK</b>	
STREET ADDRESS	<b>422 SW 20TH ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RYAN, JAMES</b>	
STREET ADDRESS	<b>2811 SE 18TH AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUTCHERSON, SHERWOOD N</b>	
STREET ADDRESS	<b>3527 SW 5TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GERMINARIO, JAMES</b>	
1.3 STREET ADDRESS	<b>1445 S.E. 17TH ST</b>	
1.4 CITY-ST-ZIP	<b>CAPE CORAL, FL, 33490</b>	
2.1 TITLE	<b>EXEC VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HARRINGTON, DAVE</b>	
2.3 STREET ADDRESS	<b>3645 S.E. 5TH COURT</b>	
2.4 CITY-ST-ZIP	<b>CAPE CORAL, FL, 33904</b>	
3.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MILLER, JERRY</b>	
3.3 STREET ADDRESS	<b>1831 SE 26TH TERR.</b>	
3.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
4.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>KARP, RICHARD</b>	
4.3 STREET ADDRESS	<b>16580 WATERSEDGE CT</b>	
4.4 CITY-ST-ZIP	<b>FORT MYERS, FL, 33908</b>	
5.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HOBSON, WILLIAM</b>	
5.3 STREET ADDRESS	<b>3511 SW 5TH PL</b>	
5.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SAME</b>	
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 119.07(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.

SIGNATURE: *Donald E. McKiernan* **Donald E. McKiernan** DATE: **4/16/98** 941-549-3792

CR2E037 (10/97)