

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2004
Secretary of State**

DOCUMENT# N02000009019

Entity Name: CAPE CORAL SOFTBALL, INC.

Current Principal Place of Business:

1502 NE 3RD TERRACE
CAPE CORAL, FL 33915

New Principal Place of Business:

Current Mailing Address:

P O BOX 151631
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 03-0493598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIVANO, TONY
1502 SE 37TH STREET
CAPE CORAL, FL 33904

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAIVANO, TONY
Address: 1315 SE 37TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD () Delete
Name: BENNETT, DIANE
Address: 2022 NE 10TH AVE.
City-St-Zip: CAPE CORAL, FL 33909

Title: VPD () Delete
Name: PLAZEWSKI, DAVID
Address: 3324 SW 3RD AVE.
City-St-Zip: CAPE CORAL, FL 33914

Title: TD () Delete
Name: FREDLUND, DEBBIE
Address: 2211 SW 38TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: SD () Delete
Name: NEFF, KATHIE A
Address: 525 SE 2ND STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BOWERS, DONNA L
Address: 1515 HANCOCK BRIDGE PARKWAY
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY CAIVANO

PD

01/11/2004

Electronic Signature of Signing Officer or Director

_____ Date