

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 09, 2005
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:BRIDGES, CAROLE
1718 NE 34TH ST
CAPE CORAL, FL 33909 US**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: BRIDGES, CAROLE
Address: 1718 NE 34TH ST
City-St-Zip: CAPE CORAL, FL 33909Title: VPD () Delete
Name: OWEN, ROB
Address: 925 SE 20TH PL
City-St-Zip: CAPE CORAL, FL 33909Title: VPD () Delete
Name: SOZIO, NICK
Address: 225 SW 33RD TER
City-St-Zip: CAPE CORAL, FL 33914Title: TD () Delete
Name: SCHLOTTER, TAMMY
Address: 1105 NE 4TH ST
City-St-Zip: CAPE CORAL, FL 33909Title: SD () Delete
Name: SULLIVAN, RHONDA
Address: 1639 NW 5TH AV
City-St-Zip: CAPE CORAL, FL 33993**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VPD (X) Change () Addition
Name: SOZIO, NICK
Address: 225 SW 33RD TER
City-St-Zip: CAPE CORAL, FL 33914Title: VPD (X) Change () Addition
Name: OWEN, ROB
Address: 925 SE 20TH PL
City-St-Zip: CAPE CORAL, FL 33909Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD (X) Change () Addition
Name: GIGRISKI, CINDY
Address: 1101 SW 22ND TER
City-St-Zip: CAPE CORAL, FL 33991

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: CAROLE BRIDGES

PD

12/09/2005

Electronic Signature of Signing Officer or Director_____
Date