


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

04-20-2005 90353 007 ****61.25

DOCUMENT # N0300000004

1. Entity Name
WEST PASCO GIRLS FAST PITCH SOFTBALL ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 1452 **P.O. BOX 1452**
NEW PORT RICHEY, FL 34656-8452 **NEW PORT RICHEY, FL 34656-8452**

66023599



03312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SKULAS, KELLY Jim Garland
1815 DIXIE HWY P.O. Box 1452 8609 GumTree Ave.
TARPON SPRINGS, FL 34689
New Port Richey, FL 34653

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/2/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005


9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GARLAND, JAMES
STREET ADDRESS	P.O. BOX 1452
CITY-ST-ZIP	NPR, FL 34656
TITLE	VPD
NAME	LEE, SUE
STREET ADDRESS	P.O. BOX 1452
CITY-ST-ZIP	NPR, FL 34656
TITLE	DT
NAME	SHENK, PATRICIA Julie Rambo
STREET ADDRESS	1368 MAYBURY DR. P.O. Box 1452
CITY-ST-ZIP	HOLIDAY, FL 34690 NPR, FL 34656
TITLE	SD
NAME	MARGUIS, LYNN Michelle Guercio
STREET ADDRESS	6436 BASHIL DR P.O. Box 1452
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653 NPR, FL 34656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/2/05** DAYTIME PHONE: **727-423-4839**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR