## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006524

FILED Jan 09, 2007 Secretary of State

Entity Name: SOUTH FLORIDA SENIOR SOFTBALL SOCIAL CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1280 NORTH CONGRESS AVENUE #107 WEST PALM BEACH, FL 33409 **Current Mailing Address: New Mailing Address:** 1280 NORTH CONGRESS AVENUE #107 WEST PALM BEACH, FL 33409 FEI Number: 81-0625902 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KURTZ, JOHN 1280 NORTH CONGRESS AVENUE #107 WEST PALM BEACH, FL 33409 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DUNCAN, STANLEY Name: Name: 11615 63RD LANE NORTH Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33412 City-St-Zip: Title: () Delete Title: () Change () Addition GONZALEZ, ROLANDO Name: Name: Address: 15766 BENT CREEK ROAD Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition EISNER, MARK KURTZ, JOHN Name: Name: 134 CYPRESS TRACE Address: Address: 1280 N. CONGRESS AVE. #107 City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WEST PALM BEACH, FL 33409 Title: () Delete Title: () Change () Addition Name: GRAHAM, RUFUS Name: 1630 CORSICA DRIVE Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: (X) Delete Title: () Change () Addition KATZ, STEVEN Name: Name: 197 PLANTATION BLVD Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: (X) Delete Title: () Change () Addition SMITH, STEVEN Name: Name: Address: 14239 SNOWBERRY DRIVE Address: WELLINGTON, FL 33414 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN D. KURTZ P/D 01/09/2007