

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010988

FILED
Mar 31, 2008
Secretary of State

Entity Name: WEST PINELLAS KRUSHERZ SOFTBALL, INC.

Current Principal Place of Business:

1478 RIDGE TOP DRIVE
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

1478 RIDGE TOP DRIVE
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 20-5752677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZELEST, RAY
1478 RIDGE TOP DRIVE
TARPON SPRINGS, FL 34688 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: PRES () Delete
Name: SZELEST, RAY
Address: 1478 RIDGE TOP DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TRES () Delete
Name: FAISON, ROBERT
Address: 408 RIVERSIDE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP () Delete
Name: COLLINS, DANIEL
Address: 3337 HICKORYWOOD WAY
City-St-Zip: TARPON SPRINGS, FL 34688

Title: SEC () Delete
Name: HALE, CONNIE
Address: 340 TALL OAK TRAIL
City-St-Zip: TARPON SPRINGS, FL 34688

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:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT N FAISON

TREA

03/31/2008

Electronic Signature of Signing Officer or Director

Date