## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31236

FILED May 03, 2005 Secretary of State

Entity Name: METRO ORLANDO AMATEUR SOFTBALL ASSOCIATION, INC.

-unclic F	Principal Place of Business:	New Principal Pla	ace of Business:	
CENTRAI 1718 WIL WINTER				
Current N	Mailing Address:	New Mailing Add	ress:	
P.O. BOX MAITLAN	.948305 D, FL 327948305 US			
	r: 59-3052377 FEI Number Applied For() F nce with s. 607.193(2)(b), F.S., the corporation did not re	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name an	d Address of Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
GALLOWAY, TONY 1718 WILLA CIR. WINTER PARK, FL 32792 US		P.O. BOX 948305	GALLOWAY, TONY P.O. BOX 948305 MAITLAND, FL 327948305 US	
	e named entity submits this statement for the purp te of Florida.	oose of changing its regis	tered office or registered agent, or both,	
SIGNATURE:				
SIGNATU	IRE:		05/03/2005	
SIGNATU	IRE: Electronic Signature of Registered Agent		05/03/2005 Date	
		ADDITIONS/CHA		
	Electronic Signature of Registered Agent	ADDITIONS/CHA Title: Name: Address: City-St-Zip:	Date	
<b>OFFICER</b> Title: Name: Address:	Electronic Signature of Registered Agent RS AND DIRECTORS:  TDC ( ) Delete ELLINGSWORTH, ROCKY 301 DORT ST.	Title: Name: Address:	Date  NGES TO OFFICERS AND DIRECTOR	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registered Agent  RS AND DIRECTORS:  TDC () Delete ELLINGSWORTH, ROCKY 301 DORT ST. PLANT CITY, FL 33566  DC () Delete GALLOWAY, TONY PO BOX 948365	Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  NGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	

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: LESLIE A. MCCRANIE TRD 05/03/2005