


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90070 019 \*\*\*\*61.25

<b>DOCUMENT # N96000005714</b> 1. Entity Name <b>FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC.</b>			
Principal Place of Business <b>710 BRECKENRIDGE DRIVE PORT ORANGE FL 32127</b>		Mailing Address <b>710 BRECKENRIDGE DRIVE PORT ORANGE FL 32127</b>	
2. Principal Place of Business <b>6853 CIRCLE CREEK DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>6853 CIRCLE CREEK DRIVE</b> Suite, Apt. #, etc.	
City & State <b>PINELLAS PARK, FL</b>		City & State <b>PINELLAS PARK, FL</b>	
Zip <b>33781</b>		Zip <b>33781</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3423029</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHEETS, JERRY 710 BRECKENRIDGE DRIVE PORT ORANGE FL 32127</b>		7. Name and Address of New Registered Agent Name <b>MICHAEL C. PILVER SR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6853 CIRCLE CREEK DRIVE</b> City <b>PINELLAS PARK FL</b> Zip Code <b>33781</b>	
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 <i>Michael C. Pilver Sr.</i> <b>MICHAEL C. PILVER SR</b>		DATE <b>2-16-05</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C SHEETS, JERRY 710 BRECKENRIDGE DRIVE PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete	
TITLE	V LUPO, GEORGE 125 COUNTRY VILLAS DRIVE SAFETY HARBOR FL 33572	<input type="checkbox"/> Delete	
TITLE	D STRAUSS, RUDY 8502 NW 21ST CT SUNRISE FL 33322	<input type="checkbox"/> Delete	
TITLE	T VITAGLIANO, GREGORY 34440 OLEANDER DR. PINELLAS PARK FL 33781	<input type="checkbox"/> Delete	
TITLE	D TOWNLEY, JOHN 913 SE 14TH CT DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete	
TITLE	D FISHER, BRUCE 11121 HARBOUR SPRINGS CIR BOCA RATON FL 33428	<input type="checkbox"/> Delete	
TITLE	C PILVER, MICHAEL C. SR. 6853 CIRCLE CREEK DRIVE PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Michael C Pilver Sr.</i> <b>MICHAEL C. PILVER SR</b>		DATE <b>2-16-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	