


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90005 016 ****61.25

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1. Entity Name
FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION, INC.



Principal Place of Business
**6853 CIRCLE CREEK DRIVE
 PINELLAS PARK, FL 33781**

Mailing Address
**6853 CIRCLE CREEK DRIVE
 PINELLAS PARK, FL 33781**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3423029

Applied For
 Not Applicable

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

400007



6. Name and Address of Current Registered Agent

**PILVER, MICHAEL C JR SR
 6853 CIRCLE CREEK DRIVE
 PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

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

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PILVER, MICHAEL C SR 6853 CIRCLE CREEK DRIVE PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUPO, GEORGE 125 COUNTRY VILLAS DRIVE SAFETY HARBOR, FL 33572 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, RUDY 8502 NW 21ST CT SUNRISE, FL 33322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VITAGLIANO, GREGORY 34440 OLEANDER DR. PINELLAS PARK, FL 33781 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNLEY, JOHN 913 SE 14TH CT DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, BRUCE 11121 HARBOUR SPRINGS CIR BOCA RATON, FL 33428 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORTENDYKE, E.H. BUD 8140 52ND LANE N. PINELLAS PARK, FL 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Michael C. Pilver Sr. CHAIRMAN** 3-2-06 727-235-1636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MICHAEL C. PILVER SR.