


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90027 027 ****61.25

DOCUMENT # N96000005714					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3423029	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PILVER, MICHAEL C JR 6853 CIRCLE CREEK DRIVE PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name PILVER, MICHAEL C SR Street Address (P.O. Box Number is Not Acceptable) 6853 CIRCLE CREEK DRIVE City PINELLAS PARK FL Zip Code 33781		
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> MICHAEL C. PILVER SR				DATE 3-6-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILVER, MICHAEL C SR		NAME		
STREET ADDRESS	6853 CIRCLE CREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUPO, GEORGE		NAME		
STREET ADDRESS	125 COUNTRY VILLAS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 33572		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRAUSS, RUDY		NAME	DUANE JONES	
STREET ADDRESS	8502 NW 21ST CT		STREET ADDRESS	14607 BRENTWOOD LANE	
CITY-ST-ZIP	SUNRISE, FL 33322		CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTENDYKE, E.H. BUD		NAME		
STREET ADDRESS	8140 52ND LANE N		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNLEY, JOHN		NAME		
STREET ADDRESS	913 SE 14TH CT		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, BRUCE		NAME		
STREET ADDRESS	11121 HARBOUR SPRINGS CIR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
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: <i>Michael C. Pilver Sr.</i> MICHAEL C. PILVER SR		DATE 3-6-07		Daytime Phone # 727-235-1636	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	