


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3423029	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	C
NAME	PILVER, MICHAEL C SR
STREET ADDRESS	6853 CIRCLE CREEK DRIVE
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	V
NAME	LUPO, GEORGE
STREET ADDRESS	125 COUNTRY VILLAS DRIVE
CITY-ST-ZIP	SAFETY HARBOR, FL 33572
TITLE	S
NAME	JONES, DUANE
STREET ADDRESS	14607 BRENTWOOD LANE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	T
NAME	WORTENDYKE, E.H. BUD
STREET ADDRESS	8140 52ND LANE N
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	D
NAME	TOWNLEY, JOHN
STREET ADDRESS	913 SE 14TH CT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/08-80052-005 70.00

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 **MICHAEL C. PILVER SR** **2-19-08** **727-235-1636**

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