


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

FILED
Aug 19, 2005 8:00 am
Secretary of State

07-21-2005 90026 020 ****61.25

DOCUMENT # 720285 1. Entity Name THREE-QUARTER CENTURY SOFT BALL CLUB, ST. PETERSBURG, FLORIDA, INC.					
Principal Place of Business 330 5TH STREET NORTH ST. PETERSBURG FL 33701			Mailing Address 330 5TH STREET NORTH ST. PETERSBURG FL 33701		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		City & State	
City & State		City & State		4. FEI Number 59-2178099	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUGSTAD, MAYNARD 5010 41ST AVE NO SAINT PETERSBURG FL 33709				7. Name and Address of New Registered Agent SMITH, WINCHELL 10346 BAY ST. N.E. ST. PETE, FL 33716	
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 <u><i>Winchell Smith</i></u> (NOTE: Registered Agent signature required when transferring) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P SAUGSTAD, MAYNARD 5010 41ST AVE NO SAINT PETERSBURG FL 33709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. SMITH, WINCHELL 10346 BAY ST. N.E. ST. PETE, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISHER, DAVID 150 28TH AVE NO SAINT PETERSBURG FL 33704	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. OSBORN, DONALD 934 48TH AVE N. ST. PETE, FL 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAUCETT, CLARENCE 11211 101ST WAY NORTH LARGO FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. DILIBERTO, MENNO 312 CRESTWOOD LANE ST. PETE, FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLOSTERMAN, JOSEPH 601 N HERCULES #601 CLEARWATER FL 33765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. WARSAW, ROBERT 301 2ND ST. N. #2 ST. PETE, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, LOREN 2176 CHAPARRAL WAY DUNEDIN FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWLAND, ROBERT 1670 IDLE DRIVE CLEARWATER FL 33756	<input type="checkbox"/> Delete	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 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: <u><i>Robert Warsaw</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7/18/05</u> Daytime Phone: <u>727 893 7108</u>		



ATTACHMENT

666025998

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 25, 2005

THREE-QUARTER CENTURY SOFT BALL CLUB, ST. PETERSBURG, F
330 5TH STREET NORTH.
ST. PETERSBURG, FL 33701

Subject: **THREE-QUARTER CENTURY SOFT BALL CLUB, ST. PETERSBURG,**

Reference Number: **720285**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/SC

ANNUAL REPORTS SECTION