# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # 720285

1. Entity Name
THREE-QUARTER CENTURY SOFT BALL CLUB, ST. PETERSBURG, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 330 5TH STREET NORTH.<br>ST. PETERSBURG, FL 33701 | 330 5TH STREET NORTH.<br>ST. PETERSBURG, FL 33701 |

DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2178099
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, WINCHELL
10346 BAY STREET NORTHEAST
SAINT PETERSBURG, FL 33716

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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 _____ DATE
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required for each change)

**Filing Fee is $61.25**
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PRES |
| NAME | SMITH, WINCHELL |
| STREET ADDRESS | 10346 BAY STREET NORTHEAST |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33716 |
| TITLE | VP |
| NAME | OSBORN, DONALD |
| STREET ADDRESS | 929 48TH AVENUE NORTH |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33703 |
| TITLE | SD |
| NAME | DILIBERTO, MENNO |
| STREET ADDRESS | 5775 PARK STREET NORTH |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33709 |
| TITLE | TD |
| NAME | WARSAW, ROBERT |
| STREET ADDRESS | 301 SECOND STREET NORTH SUITE 2 |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33701 |
| TITLE | D |
| NAME | FISHER, DAVID |
| STREET ADDRESS | 4391 LOCUST STREET NE |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 |
| TITLE | D |
| NAME | NEWLAND, ROBERT |
| STREET ADDRESS | 1670 IDLE DRIVE |
| CITY-ST-ZIP | CLEARWATER, FL 33756 |

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01/16/07-80059-014 61.25

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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:** Donald N. Osborn VICE PRESIDENT DONALD N. OSBORN 1/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

727-525-1073
Daytime Phone Number