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2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Jan 24, 2003 8:00 am Secretary of State 01-08-2003 90074 035 ****61.25 **DOCUMENT # 758710** 1. Entity Name DUNEDIN SLOWPITCH SOFTBALL ASSOCIATION, INC. Principal Place of Business Mailing Address 1389 COTTONWOOD TERR 1388 COTTONWOOD TERR **DUNEDIN FL 34698** DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-2228947 Not Applicable .Country Zip. Country \$8.75-Additional-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACK BRANENBAUGH Street Address (P.O. Box Number is Not Acceptable) 1388 COTTONWOOD TERRACE **DUNEDIN FL 34698** City 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 (NOTE: Registered Apent stoneture required when reinstating) Stonature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. 1 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TSD PRESIDENT Change Addition TITLE Delete TITLE MCCONNELL LORI NAME NAME DAVE SCOTT 918 VALLEY VIEW CIRCLE **80 SQUIRE CT** STREET ADORESS STREET ADDRESS F14 34684 CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** PALM HARBOR PDD Delete VICE PRESIDENT Change Addition IIIIE TITLE HARDING, GLEN NAME CHEN HARDING . CT NAME 2546 ISLANDER CT STREET ADDRESS STREET ADDRESS 34683 CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP PAIN HARBOX CEOD Change ■ Addition Delcte TITLE TITLE: NAME BRADENBAUGH, JACK NAME STREET ADDRESS 1388 COTTONWOOD TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change ☐ Addition TOTAL F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

changed, or on an attachment with an address,