I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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	
above, or on an attachment with all other like empowered.	

VP

SIGNATURE: MICHAEL SACCA

I

Electronic Signature of Signing Officer/Director Detail

# 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0900007847

Entity Name: COCONUT CREEK GIRLS SOFTBALL INC.

#### **Current Principal Place of Business:**

5379 LYONS RD. PMB #126 COCONUT CREEK, FL 33073

#### **Current Mailing Address:**

5379 LYONS RD. PMB #126 COCONUT CREEK, FL 33073 US

## FEI Number: 27-0737594

### Name and Address of Current Registered Agent:

SACCA, MICHAEL T 5379 LYONS RD. PMB #126 COCONUT CREEK, FL 33073 US

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.

SIGNATURE	E MICHAEL T SACCA			03/07/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VP	Title	SECRETARY		
Name	SACCA, MICHAEL	Name	SMITH, MARIE		
Address	4832 NW 54TH AVE	Address	3714 CORAL TREE CIRCLE		
City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	COCONUT CREEK FL 33073		
Title	VP	Title	TREASURER		
Name	SILVIA, JOE	Name	NELSON, VERONICA		
Address	4410 NW 10TH ST	Address	5379 LYONS RD. PMB #126		
City-State-Zip:	COCONUT CREEK FL 33066	City-State-Zip:	COCONUT CREEK FL 33073		

Certificate of Status Desired: No

FILED Mar 07, 2018 Secretary of State CC8373714287

> 03/07/2018 Date