2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722435

FILED Jul 05, 2004 Secretary of State

Entity Name: MAITLAND SOFTBALL ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: 317 OAK HILL DRIVE ALTAMONTE SPRINGS, FL 32701 LIS **Current Mailing Address: New Mailing Address:** PO BOX 947625 MAITLAND, FL 327947625 US FEI Number: 23-7202235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNAUS, RICHARD L 317 OAK HILL DR ALTAMONTE SPRINGS, FL 32701 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KNAUS, RICHARD Name: Name: 317 OAK HILL DR Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition Name: GRIFFIN, MICHAEL Name: FORE-MAHONEY, SHANNON Address: 210 PEMBROOK PLACE Address: 2002 CHIPPEWA TRAIL City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: MAITLAND, FL 32751 Title: VD (X) Delete Title: () Change () Addition EASTMAN, MIKE Name: Name: Address: 1951 MOHICAN TRAIL Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition Name: COTTER, KEN Name: Address: 407 OAK HILL DRIVE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: () Delete Title: () Change () Addition STAHL, GLENN Name: Name: 2503 DRIFTWOOD DR. Address: Address: City-St-Zip: FERN PARK, FL 32730 City-St-Zip: Title: () Delete Title: () Change () Addition JACK, TEENA Name: Name: Address: 1200 WOLSEY DRIVE Address: MAITLAND, FL 32751 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD L. KNAUS TD 07/05/2004