

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 730427

1. Entity Name
NORTH FLORIDA AMATEUR SOFTBALL ASSOCIATION,
INC.



Principal Place of Business
912 MYERS PARK DRIVE
TALLAHASSEE, FL 32301

Mailing Address
912 MYERS PARK DRIVE
TALLAHASSEE, FL 32301

FILED
04 JAN 13 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2376381
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROUSDELL, RANDY
912 MYERS PARK DRIVE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NORRIS, GERRY
STREET ADDRESS	912 MYERS PARK DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	DP
NAME	TROUSDELL, RANDY
STREET ADDRESS	912 MYERS PARK DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	DT
NAME	EDWARDS, ASHLEY
STREET ADDRESS	912 MYERS PARK DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400027484124
01/23/04--01014--003 **61.25

**DO NOT WRITE
IN THIS SPACE**

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #