


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 730427 1. Entity Name NORTH FLORIDA AMATEUR SOFTBALL ASSOCIATION, INC.	
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Principal Place of Business 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301	Mailing Address 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301
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04052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2376381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TROUSDELL, RANDY 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301
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**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORRIS, GERRY 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TROUSDELL, RANDY 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT EDWARDS, ASHLEY 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301
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11/14/05-800134-008 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)(f), 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: <i>Ashley Edwards</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	415605 Date	8913853 Daytime Phone #
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