2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

2008 MAR 12 AM 8:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

01172008 No Chg-NP CR

CR2E037 (4/06)

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

CIONATURE						
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered A	gent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financi Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	:00120810854 20/0801012015 **61.25	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNDERBURKE, WAYNE 912 MYERS PARK DR TALLAHASSEE, FL 32301					
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	DP TROUSDELL, RANDY 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301					
TITLE NAME STREET ADDRESS CITY-S1-ZIP	DT EDWARDS, ASHLEY 912 MYERS PARK DRIVE TALLAHASSEE, FL 32301			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports the 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 reference or trustee empowered to execute this report a required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactly left myth an address, with all other like empowered.						

CER OR DIRECTOR

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