

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735167

FILED
May 01, 2005
Secretary of State

Entity Name: MISS SARASOTA SOFTBALL, INC.

Current Principal Place of Business:

4710 17TH STREET
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

PO BOX 7453
SARASOTA, FL 34278

New Mailing Address:

FEI Number: 59-1667621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KRUYSMAN, KIM L
2047 JAVA PLUM AVE.
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: KRUYSMAN, KIM L
Address: 2047 JAVA PLUM AVE.
City-St-Zip: SARASOTA, FL 34232

Title: S () Delete
Name: POWERS, CATHY
Address: 5195 CAMUS ST.
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: DOVER, MARK
Address: 4643 MAC EACHEN BLVD.
City-St-Zip: SARASOTA, FL 34233

Title: T () Delete
Name: GORE, MARLENA
Address: 5608 - 34TH CT. E.
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DIMASI, ROBERT
Address: 4426 PIKE AVENUE
City-St-Zip: SARASOTA, FL 34233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: KIM L. KRUYSMAN

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date