2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735167

FILED Feb 07, 2007 Secretary of State

Entity Name: MISS SARASOTA SOFTBALL, INC.

Current Principal Place of Business: New Principal Place of Business:

4710 17TH STREET SARASOTA, FL 34235

Current Mailing Address: New Mailing Address:

PO BOX 7453 SARASOTA, FL 34278

FEI Number: 59-1667621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOEHRING, TANAYE J 1672 MELLON WAY SARASOTA, FL 34232

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:

Floatenia Circatura of Davistonal Arrest

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: KRUYSMAN, KIM L Name: GOEHRING, TANAYE J

Address: 2047 JAVA PLUM AVE. Address: 1672 MELLON WAY
City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

Title: S () Delete Title: () Change () Addition Name: DIMASI, ROBERT Name:

 Name:
 DIMASI, ROBERT
 Name:

 Address:
 4426 PIKE AVENUE
 Address:

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition Name: DOVER, MARK Name: HAMEL, JACKIE

Address: 4643 MAC EACHEN BLVD. Address: 2067 WOOD HOLLOW LANE

Address: 4043 MAC EACHEN BLVD. Address: 2067 WOOD HOLLOW LANE
City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34232

Title: T () Delete Title: T (X) Change () Addition

 Name:
 GOEHRING, TANAYE
 Name:
 BLOMBERGH, TAMI

 Address:
 1672 MELLON WAY
 Address:
 14314 M&J ROAD

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:
 MYAKKA, FL 34251

 $\label{eq:title: SA () Delete} Title: \qquad SA \qquad (\) \ Change \ (X) \ Addition$

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TAMI BLOMBERGH T 02/07/2007