2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 05, 2004 08:00 AM **DOCUMENT # 743236 Secretary of State** 1. Entity Name FIFTY PLUS SOFTBALL LEAGUE OF LEE COUNTY, INC. Principal Place of Business Mailing Address 15091 TAMARIND CAY CT 15091 TAMARIND CAY CT FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCKIERNAN, DONALD E Street Address (P.O. Box Number is Not Acceptable) 15091 TAMARIND CAY CT #904 FORT MYERS FL 33908 City Zip Code 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 applicab (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MLE Delete TIME Change Addition PAUL, DAVID J NAME MAME U000000077951 5329 SW 11TH PL STREET ADDRESS STREET ADDRESS 03/08/04-80008-007 61.25 CAPE CORAL FL 33914 CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition MCKIERNAN, DONALD NAME MAKE 15091 TAMARIND CAY COURT, #904 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HICKEY, EDWARD NAME 531 SE 32ND ST STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP DILE TITLE □ Delete Change ☐ Addition MCGLYNN, ALFRED NAME NAME 5738 SW 9TH COURT STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Change ☐ Addition PORTNOX, MICHAEL NAME NAME 929 SW 8TH PL #202 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Detete Change Addition VER DEN HALVEN, RICHARD NAME NAME 129 BAEX COURT STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-SY-ZIP CITY-ST-ZIP

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 empowered.

SIGNATURE:

FILED

Daytime Phone #