


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90013 005 ****61.25

DOCUMENT # 758710							
1. Entity Name DUNEDIN SLOWPITCH SOFTBALL ASSOCIATION, INC.							
Principal Place of Business 1388 COTTONWOOD TERR DUNEDIN, FL 34698			Mailing Address 1388 COTTONWOOD TERR DUNEDIN, FL 34698				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-2228947				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JACK BRANENBAUGH 1388 COTTONWOOD TERRACE DUNEDIN, FL 34698			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCCONNELL, LORI		NAME	Manning, Susan E.			
STREET ADDRESS	80 SQUIRE CT		STREET ADDRESS	5432 Kimberly Ln			
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP	Holiday, Florida 34690			
TITLE	PDD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDING, GLEN		NAME				
STREET ADDRESS	2546 ISLANDER CT		STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP				
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADENBAUGH, JACK		NAME				
STREET ADDRESS	1388 COTTONWOOD TERR		STREET ADDRESS				
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, DAVE		NAME				
STREET ADDRESS	918 VALLEY VIEW CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDING, GLEN		NAME	GLENN HARDING			
STREET ADDRESS	2546 ISLANDER CT		STREET ADDRESS	5432 KIMBERLY LN			
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	HOLIDAY FL 34690			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-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: <i>David M. Scott</i>		Date: 2/16/04		Daytime Phone #: 727-787-8932			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

% 3 1 4 3 - , 6 6 6 6 6 6 D &

02052004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2228947 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
JACK BRANENBAUGH 1388 COTTONWOOD TERRACE DUNEDIN, FL 34698			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	-----------------------------	---

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCONNELL, LORI		NAME	Manning, Susan E.	
STREET ADDRESS	80 SQUIRE CT		STREET ADDRESS	5432 Kimberly Ln	
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP	Holiday, Florida 34690	
TITLE	PDD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, GLEN		NAME		
STREET ADDRESS	2546 ISLANDER CT		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADENBAUGH, JACK		NAME		
STREET ADDRESS	1388 COTTONWOOD TERR		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DAVE		NAME		
STREET ADDRESS	918 VALLEY VIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, GLEN		NAME	GLENN HARDING	
STREET ADDRESS	2546 ISLANDER CT		STREET ADDRESS	5432 KIMBERLY LN	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-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: *David M. Scott* Date: 2/16/04 Daytime Phone #: 727-787-8932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR