2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762471

FILED Jan 12, 2005 Secretary of State

Entity Name: OSCEOLA YOUTH SOFTBALL LEAGUE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3501 BAKER DRIVE KISSIMMEE, FL 34742 US **Current Mailing Address: New Mailing Address:** P.O. BOX 422131 KISSIMMEE, FL 347422131 US FEI Number: 59-2227036 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: RITCH, JOHN B. 100 CHURCH STREET KISSIMMEE, FL 32741 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SMET, JEFFREY D Name: Name: 2002 MARLBORO AVE Address: Address: City-St-Zip: KISSIMMEE, FL 34744 US City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: CRAPO, MARK Name: Address: 4723 NORTH WIND BLVD Address: City-St-Zip: KISSIMMEE, FL 34746 US City-St-Zip: Title: () Delete Title: VD (X) Change () Addition CLANCY, JODY CLANCY, JODY Name: Name: 2828 JANET STREET 2828 JANET STREET Address: Address: City-St-Zip: KISSIMMEE, FL 34741 US City-St-Zip: KISSIMMEE, FL 34741 US Title: VD () Delete Title: SD (X) Change () Addition Name: WELTER, BOB Name: WELTER, BOB 4161VANERN WAY 4161VANERN WAY Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741

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: JEFFREY D. SMET TD 01/12/2005