

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762471

FILED  
May 03, 2006  
Secretary of State

**Entity Name:** OSCEOLA YOUTH SOFTBALL LEAGUE, INC.

**Current Principal Place of Business:**

3501 BAKER DRIVE  
KISSIMMEE, FL 34742 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 422131  
KISSIMMEE, FL 347422131 US

**New Mailing Address:**

**FEI Number:** 59-2227036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

RITCH, JOHN B.  
100 CHURCH STREET  
KISSIMMEE, FL 32741 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: TD ( ) Delete  
Name: SMET, JEFFREY D  
Address: 2002 MARLBORO AVE  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: PD ( ) Delete  
Name: CRAPO, MARK  
Address: 4723 NORTH WIND BLVD  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VD ( ) Delete  
Name: CLANCY, JODY  
Address: 2828 JANET STREET  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: SD (X) Delete  
Name: WELTER, BOB  
Address: 4161VANERN WAY  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: LIGON, REBECCA I  
Address: 1842 W. VIRGINIA DR.  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: PD (X) Change ( ) Addition  
Name: CLANCY, JODY  
Address: 1425 SUGAR CANE DR.  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VD (X) Change ( ) Addition  
Name: HADERLE, AARON  
Address: 2400 CYPRESS LANE  
City-St-Zip: KISSIMMEE, FL 34746 US

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 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: REBECCA LIGON

TD

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date