

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90016 047 \*\*\*\*70.00

<b>DOCUMENT # 762471</b> 1. Entity Name <b>OSCEOLA YOUTH SOFTBALL LEAGUE, INC.</b>					
Principal Place of Business <b>3501 BAKER DRIVE KISSIMMEE, FL 34742 US</b>				Mailing Address <b>P.O. BOX 422131 KISSIMMEE, FL 34742-2131 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>RITCH, JOHN B. 100 CHURCH STREET KISSIMMEE, FL 32741</b>				7. Name and Address of New Registered Agent Name <u>Rebecca I. Ligon</u> Street Address (P.O. Box Number is Not Acceptable) <u>1842 W. Virginia Dr.</u> City <u>Kissimmee</u> <b>FL</b> Zip Code <u>34744</u>	
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 <u>Rebecca I. Ligon</u> <u>Rebecca I. Ligon</u> <u>4/15/08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>TRES LIGON, REBECCA I 1842 W. VIRGINIA DR. KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>SEC CLANCY, JODY 1425 SUGAR CANE DR. KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>SEC CORINNE MARION 2429 FRANKLIN DR KISSIMMEE, FL 34744</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>PRES HADERLE, AARON 2400 CYPRESS LANE KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VP KODY, CHRISTOPHER 4129 BALD EAGLE DR KISSIMME, FL 34746</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>UMPIRE-IN-CHIEF PHIL PEZAN 522 Delido Way KISSIMMEE, FL 34758</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Rebecca I. Ligon</u> <u>Rebecca I. Ligon</u> <u>4/15/08</u> <u>(407)343-5699</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					