2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762471

FILED Jun 01, 2009 Secretary of State

Entity Name: OSCEOLA YOUTH SOFTBALL LEAGUE, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
Current Mailing Address: 2.O. BOX 422131 CISSIMMEE, FL 347422131 US SEI Number: 59-2227036 FEI Number Applied For () FEI In accordance with s. 607.193(2)(b), F.S., the corporation did not received a secondance with s. 607.193(2)(b), F.S., the corporation did not received a secondance with s. 607.193(2)(b), F.S., the corporation did not received a secondance with s. 607.193(2)(b), F.S., the corporation did not received a secondary secondar	New Mailing Address:	
		P.O. BOX 422131 KISSIMMEE, FL 34742 US
	Solution Baker Drive Issimmee, FL 34742 Us Furrent Mailing Address: O. BOX 422131 ISSIMMEE, FL 347422131 Us El Number: 59-2227036 FEI Number Applied For () accordance with s. 607.193(2)(b), F.S., the corporation did not relame and Address of Current Registered Agent: IGON, REBECCA I 842 W. VIRGINIA DR. ISSIMMEE, FL 34744 US The State of Florida. IGNATURE: Electronic Signature of Registered Agent FFICERS AND DIRECTORS: Itle: TRES () Delete ame: LIGON, REBECCA I Iddress: 1842 W. VIRGINIA DR. Ity-St-Zip: KISSIMMEE, FL 34744 US Itle: S () Delete ame: MARION, CORINNE Iddress: 2429 FRANKLIN DR. Ity-St-Zip: KISSIMMEE, FL 34744 US Itle: PRES () Delete ame: HADERLE, AARON Iddress: 2400 CYPRESS LANE Ity-St-Zip: KISSIMMEE, FL 34746 US Itle: UC () Delete ame: PEZAN, PHIL Iddress: 522 DELIDO WAY Ity-St-Zip: KISSIMMEE, FL 34758 Itle: () Delete ame: PEZAN, PHIL Iddress: 522 DELIDO WAY Ity-St-Zip: KISSIMMEE, FL 34758 Itle: () Delete ame: PEZAN, PHIL Iddress: 522 DELIDO WAY Ity-St-Zip: KISSIMMEE, FL 34758 Itle: () Delete ame: PEZAN, PHIL Iddress: 522 DELIDO WAY Ity-St-Zip: KISSIMMEE, FL 34758 Itle: () Delete ame: Haders: Guidess: Guides:	FEI Number Not Applicable () Certificate of Status Desired (X) t receive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
1842 W. V	'IRGINIA DR.	
		urpose of changing its registered office or registered agent, or bot
SIGNATU	RE:	
	Electronic Signature of Registered Age	nt Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	LIGON, REBECCA I 1842 W. VIRGINIA DR.	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	MARION, CORINNE 2429 FRANKLIN DR.	Title: SEC (X) Change () Addition Name: MARION, CORINNE Address: 2429 FRANKLIN DR. City-St-Zip: KISSIMMEE, FL 34744 US
Title: Name: Address: City-St-Zip:	HADERLE, AARON 2400 CYPRESS LANE	Title: PRES (X) Change () Addition Name: LIGON, JAMES Address: 1842 W. VIRGINIA DR. City-St-Zip: KISSIMMEE, FL 34744 US
Title: Name: Address: City-St-Zip:	PEZAN, PHIL 522 DELIDO WAY	Title: UC (X) Change () Addition Name: CROCKETT, THOMAS Address: 1075 HACIENDA CIR City-St-Zip: KISSIMMEE, FL 34741 US
Title: Name: Address: City-St-Zip:	() Delete	Title: SAA () Change (X) Addition Name: FIGUEROS, SAMUEL Address: 4126 WELLINGTON CIR., APT. 104 City-St-Zip: KISSIMMEE, FL 34744 US
Title:	() Delete	Title: PA () Change (X) Addition Name: HAYES, SPENCER

I hereby certify that the information supplied with this filing does not qualify 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 I LIGON TRES 06/01/2009