2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)				FILED Feb 25, 2004 8:00 am
DOCUMENT # 765271 1. Entity Name				Secretary of State
EAST PASCO GIRL'S SOFTBALL LEAGUE OF ZEPHYRHILLS, INC.				02-25-2004 90067 012 ****61.25
Principal Place of Business.		Mailing Address		
4626 KRUSEN FIELD RD ZEPHRYHILLS LF 33539-0015 US		P O BOX 15 ZEPHRYHILLS FL 3353 US	, 9-0015	a kanana mana mana makan nan kanan dan dari bari mantakan dan man mata
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)
City & State		City & State		4. FEI Number 59-2772110 Applied For Not Applicable
Zip	Country 6. Name and Address of Current	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
444	ADAN, CLARENCE E 18 STILLMAN ST PHYRHILLS FL-33540	• • • <u>-</u> •. •	Street Address	phyrhills FL
SIGNATURE	Signature. Iyped or printed name of registered agen FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Cam Trust Fund C	ontribution.	\$5.00 May Be Added to Fees Added to Fees Florida Department of State
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND D S MILLER, PEGGY 6345 JUNIPER AVE WEBSTER FL		STREET ADDRESS 3	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ichelle Williams Change Addition 8549 Henry Pr Zephychills, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ZEPHYRHILLS FL 33540		TIFLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UNGERER, COTTA 5427 LISA CIR ZEPHYRHILLS FL 3354 2.		TITLE NAME STREET ADORESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRES CITY - ST - ZIP	Ketty Betteck	Delete	STREET ADDRESS 39	Hy Bullock Change Addition 1921 CARR DR 1944 CARR DR 1944 CARR DR
TITLE Name Street address City- St-Zip	3	Delete	TITLE VI NAME STREET ADDRESS CITY-ST-ZIP	Chael Mills Chael Mills YOZ, 945 St. Control of the state of the st
TITLE Name Street address City - St - Zip	s	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicate of the ci change	d on this report or supplemental report orporation or the receiver or trustee em d, or on an attachment with an address	is true and accurate and that movered to execute this report a	ny signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information le same legal effect as if made under oath; that I am an officer or director 117, Florida Statutes; and that my name appears in Block 10 or Block 11 if $\frac{2}{3}$
SIGNATURE: Cotta June of Bignature and Typed on Printed name of Signature and Typed on Printed n				