

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765271

FILED
Mar 27, 2008
Secretary of State

Entity Name: EAST PASCO GIRL'S SOFTBALL LEAGUE OF ZEPHYRHILLS, INC.

Current Principal Place of Business:

4626 KRUSEN FIELD RD
ZEPHYRHILLS, FL 33539 US

New Principal Place of Business:

4626 KRUSEN FIELD RD
ZEPHYRHILLS, FL 33539 US

Current Mailing Address:

P O BOX 15
ZEPHYRHILLS, FL 33539 US

New Mailing Address:

P O BOX 15
ZEPHYRHILLS, FL 33539 US

FEI Number: 59-2772110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISBELL, KRISTY
6753 OAKCREST WAY
ZEPHYRHILLS, FL 33542 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: S () Delete
Name: FLORER, CONSTANCE
Address: 39404 BRIAN AVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: 1VP () Delete
Name: ISBELL, KRISTY
Address: 6753 OAKCREST WAY
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: P () Delete
Name: MILLS, MICHAEL
Address: 5402 9TH ST
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: T () Delete
Name: GOCHENOUR, MICHELLE
Address: 37329 HANNAH LN
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: 2VP (X) Delete
Name: BULLOCK, KELLY
Address: 39404 BRIAN AVE
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: FLORER, CONSTANCE
Address: 6753 OAKCREST WAY
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: PRES (X) Change () Addition
Name: ISBELL, KRISTY
Address: 6753 OAKCREST WAY
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP (X) Change () Addition
Name: DOZIER, RENEE
Address: 3418 SANDY DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: T (X) Change () Addition
Name: GOCHENOUR, MICHELLE
Address: 5840 8TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELLE GOCHENOUR

T

03/27/2008

Electronic Signature of Signing Officer or Director

Date