

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766172

FILED
Jan 07, 2004
Secretary of State

Entity Name: SEMINOLE SOFTBALL CLUB INC.

Current Principal Place of Business:

S.R. 419
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 196475
WINTER SPRINGS, FL 327196475 US

New Mailing Address:

FEI Number: 38-3666251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BITZER, JOHN K
2724 DEER BERRY CT
LONGWOOD, FL 32779 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: PD () Delete
Name: WILSON, PETER
Address: 386 BUSH HILL COURT
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: BITZER, JOHN K
Address: 2724 DEER BERRY COURT
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: DONNA, FRANK
Address: 4075 S SANFORD AVE
City-St-Zip: SANFORD, FL 32773

Title: S () Delete
Name: TABOR, TRISH
Address: 117 EAST FLOYD AVE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: LASHER, GEORGE
Address: 132 KRIDER ROAD
City-St-Zip: SANFORD, FL 32773

Title: V () Delete
Name: STEWART, TODD
Address: 1833 CROWLEY CIRCLE E
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: V (X) Change () Addition
Name: CANNADAY, MIKE
Address: 2941 AMROTH PLACE
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIKE CANNADAY

V

01/07/2004

Electronic Signature of Signing Officer or Director

Date