2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766172

Apr 28, 2006 Secretary of State

Entity Name: SEMINOLE SOFTBALL CLUB INC.

Current Principal Place of Business: New Principal Place of Business:

S.R. 419

LONGWOOD, FL 32750 US

Current Mailing Address: New Mailing Address:

P O BOX 196475

WINTER SPRINGS, FL 327196475 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BITZER, JOHN K

2724 DEER BERRY CT

LONGWOOD, FL. 22770 LIS

SANFORD, FL. 22771 LIS

LONGWOOD, FL 32779 US SANFORD, FL 32771 US

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: SARA BOROSKY 04/28/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name:TOWE, TOMName:WHALEN, DENNISAddress:1149 EAGLES WATCH TR.Address:706 TEMPLE WAY

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP/T () Delete Title: T (X) Change () Addition

 Name:
 BITZER, JOHN K
 Name:
 BOROSKY, SARA

 Address:
 2724 DEER BERRY COURT
 Address:
 2440 S OAK AVE

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 SANFORD, FL 32771

Title: S () Delete Title: S (X) Change () Addition Name: TABOR, TRISH Name: HARWOOD, YVONNE

Address: 117 EAST FLOYD AVE Name: HARWOOD, YVONNE
Address: 960 WORTHINGTON COURT

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 REISS, MARTIN

 Address:
 Address:
 223 CLERMONT ROAD,

 City-St-Zip:
 City-St-Zip:
 LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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: SARA BOROSKY TR 04/28/2006