

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766172

FILED  
Jan 17, 2007  
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:**

BOROSKY, SARA  
2440 S OAK AVE  
SANFORD, FL 32771 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: WHALEN, DENNIS  
Address: 706 TEMPLE WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T ( ) Delete  
Name: BOROSKY, SARA  
Address: 2440 S OAK AVE  
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete  
Name: HARWOOD, YVONNE  
Address: 960 WORTHINGTON COURT  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete  
Name: REISS, MARTIN  
Address: 223 CLERMONT ROAD,  
City-St-Zip: LAKE MARY, FL 32746

**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:

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 BROSKY

T

01/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date