## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#766172** 

FILED Jan 15, 2008 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 (X)

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

BOROSKY, SARA

2440 S OAK AVE

SANFORD, FL 32771 US

FENICHEL, KIMBERLY S
1488 BENT OAKS BLVD.
DELAND, FL 32724 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: KIMBERLY S. FENICHEL 01/15/2008

Electronic Signature of Registered Agent Date

City-St-Zip:

## **OFFICERS AND DIRECTORS:**

SANFORD, FL 32771

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LAKE MARY, FL 32746

itle: PD ( ) Delete Title: P/D (X) Change ( ) Addition

 Name:
 WHALEN, DENNIS
 Name:
 REISS, MARTIN

 Address:
 706 TEMPLE WAY
 Address:
 223 CLERMONT ROAD

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 LAKE MARY, FL 32746

Title: T () Delete Title: VP/D (X) Change () Addit

Title: T ( ) Delete Title: VP/D (X) Change ( ) Addition Name: BOROSKY, SARA Name: FICKAS, JEFFREY Address: 2440 S OAK AVE Address: 1725 COTTONWOOD CREEK

Title: S ( ) Delete Title: T/D (X) Change ( ) Addition Name: HARWOOD, YVONNE Name: FENICHEL, KIMBERLY S

Address: 960 WORTHINGTON COURT Address: 1488 BENT OAKS BLVD
City-St-Zip: OVIEDO, FL 32765 City-St-Zip: DELAND, FL 32724

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

 Name:
 REISS, MARTIN
 Name:

 Address:
 223 CLERMONT ROAD,
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 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: KIMBERLY S. FENICHEL T 01/15/2008