

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000000312

FILED
Feb 25, 2005
Secretary of State

Entity Name: SOUTH TAMPA SOFTBALL CLUB, INC.

Current Principal Place of Business:

4909 SAN MIGUEL
TAMPA, FL 33629

New Principal Place of Business:

445 W. DAVIS BLVD.
TAMPA, FL 33606

Current Mailing Address:

P. O. BOX 10178
TAMPA, FL 33679

New Mailing Address:

445 W. DAVIS BLVD.
TAMPA, FL 33606

FEI Number: 59-3574342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CASTELLVI, JORGE
4909 SAN MIGUEL
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

FICARROTTA, NICK
445 W. DAVIS BLVD
TAMPA, FL 33606 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: N FICARROTTA

02/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTELLVI, JORGE
Address: 4909 SAN MIGUEL
City-St-Zip: TAMPA, FL 33629

Title: VPD () Delete
Name: PORTUGUES, ANGEL
Address: 4610 WISHART
City-St-Zip: TAMPA, FL 33603

Title: SD () Delete
Name: MENARD, JOHN
Address: 4511 SAN RAFAEL
City-St-Zip: TAMPA, FL 33629

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FICARROTTA, NICK JR.
Address: 445 W. DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

Title: VPD (X) Change () Addition
Name: WICKER, ROBERT
Address: 4734 W. ANITA BLVD
City-St-Zip: TAMPA, FL 33611

Title: SD (X) Change () Addition
Name: MCDONOUGH, BOBBY
Address: 210 S TREASURE DR.
City-St-Zip: TAMPA, FL 33609

Title: TD () Change (X) Addition
Name: FAXAS, CARLOS
Address: 3735 CYPRESS MEADOWS RD
City-St-Zip: TAMPA, FL 33624

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: N. FICARROTTA

PD

02/25/2005

Electronic Signature of Signing Officer or Director

Date