

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000312**

1. Entity Name  
**SOUTH TAMPA SOFTBALL CLUB, INC.**



Principal Place of Business  
**445 W. DAVIS BLVD.  
TAMPA, FL 33606**

Mailing Address  
**445 W. DAVIS BLVD.  
TAMPA, FL 33606**



06022006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3574342**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FICARROTTA, NICK  
445 W. DAVIS BLVD  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000566783  
06/05/06-80008-008 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FICARROTTA, NICK JR.
STREET ADDRESS	445 W. DAVIS BLVD
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	VPD
NAME	WICKER, ROBERT
STREET ADDRESS	4734 W. ANITA BLVD
CITY - ST - ZIP	TAMPA, FL 33611
TITLE	SD
NAME	MCDONOUGH, BOBBY
STREET ADDRESS	210 S TREASURE DR.
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	TD
NAME	FAXAS, CARLOS
STREET ADDRESS	3735 CYPRESS MEADOWS RD
CITY - ST - ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/1/06 (813) 254-7977**