

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90131 036 ****61.25

DOCUMENT # N00000001159

1. Entity Name
WELLINGTON FASTPITCH SOFTBALL ASSOCIATION, INC.



Principal Place of Business
**11681 PERSIMMON BLVD
ROYAL PALM BEACH FL 33411**

Mailing Address
**11681 PERSIMMON BLVD
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0985442**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEEN, KIMBERLY
11681 PERSIMMON BLVD
WEST PALM BEACH FL 33411**

Name **TAMI BOGGES**

Street Address (P.O. Box Number is Not Acceptable)
1577 HAWTHORNE PL, APT B

City **WELLINGTON FL** Zip Code **33414**

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

(NOTE: Registered Agent signature required when reinstating)

4.9.03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
NAME **MARTYN, DONALD M**
STREET ADDRESS **649 BLUEBERRY DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**
as member

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **SHERI SIEBFRIED**
STREET ADDRESS **11173 GRANDVIEW MANOR**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **SD** ☒ Delete
NAME **CASTILLO, PAM**
STREET ADDRESS **2493 STONEGATE DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **JAMES M. CRUM** ☐ Change ☒ Addition
NAME **5795 UPLAND WAY**
STREET ADDRESS **WEST PALM BEACH, FL**
CITY-ST-ZIP **33417**
TREASURER

TITLE **VPD** ☐ Delete
NAME **BOGGES, TAMI**
STREET ADDRESS **1577 HAWTHORNE PLACE, APT B**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **MICHELLE MOLEOD** ☐ Change ☒ Addition
NAME **13442 54TH ST N.**
STREET ADDRESS **ROYAL PALM BCH, FL**
CITY-ST-ZIP **33411**
SECRETARY

TITLE **TD** ☒ Delete
NAME **CORBIN, CYNTHIA A**
STREET ADDRESS **14708 STIRRUP LN**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 with an address, with all other like empowered.

SIGNATURE: *[Signature]*

4.7.03 561.818.1706

CR2E037 (10/02)