


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003075	
1. Entity Name ZEPHYRHILLS BLAZE FAST PITCH SOFTBALL, INC.	

Principal Place of Business 6343 JUNIPER AVE WEBSTER, FL 33597	Mailing Address 6343 JUNIPER AVE WEBSTER, FL 33597
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08182005 No Chg-NP CR2E037 (10/03)


DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3644367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, PEGGY 6343 JUNIPER AVE WEBSTER, FL 33597
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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  **8-16-05**
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 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REESE, THOMAS D PRES. 5419 9TH STREET ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILLER, PEGGY 6343 JUNIPER AVE WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000376775
08/22/05-80001-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  **Peggy Miller VP 8-16-05 (352) 583-5969**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #