


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90053 008 ****61.25

DOCUMENT # N00000004960 1. Entity Name MISS BARTOW SOFTBALL, INC.					
Principal Place of Business 3120 RIVER OAK DRIVE BARTOW FL 33831			Mailing Address POST OFFICE BOX 1314 BARTOW FL 33831-1314		
2. Principal Place of Business 1620 Varner Court		3. Mailing Address same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bartow, FL		City & State		4. FEI Number 59-3666320	
Zip 33830		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUNS福德, LYNN 3120 RIVER OAK DRIVE BARTOW FL 33831			7. Name and Address of New Registered Agent Name Edward Martin Street Address (P.O. Box Number is Not Acceptable) 1620 Varner Court City Bartow FL Zip Code 33830		
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 _____ (NOTE: Registered Agent signature required when re-stating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P LUNS福德, LYNN 3120 RIVER OAK DR. BARTOW FL 33830	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vp Karen Hagood 1020 Hermosa Avenue Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, EDWARD 1620 VARNER CT. BARTOW FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILE, DANA 645 W PEARL STREET BARTOW FL 33830	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, KIM 1035 TRASK LANE BARTOW FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, MARK 1240 HOOKER ST. BARTOW FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, LOY 695 S OAK AVENUE BARTOW FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 2/2/04 Daytime Phone # 863-519-3502					