

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004960

FILED
Apr 03, 2008
Secretary of State

Entity Name: MISS BARTOW SOFTBALL, INC.

Current Principal Place of Business:

COUNTY ROAD 555 SPORTS COMPLEX
C/O JOEY WILLIAMS
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1314
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-3666320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELLE DONNE, KEN MR
5094 IRONWOOD TRAIL
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

SPEARS, RONNIE L MR
1795 HIGHLAND BLVD
BARTOW, FL 33830 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: RONNIE L SPEARS, JR

04/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELLE DONNE, KEN MR
Address: 5094 IRONWOOD TRAIL
City-St-Zip: BARTOW, FL 33830 US

Title: VP () Delete
Name: WRIGHT, DAVID MR
Address: 825 W. MCLEOD STREET
City-St-Zip: BARTOW, FL 33830 US

Title: D () Delete
Name: LAWHEAD, TINA MS
Address: 680 SUNSET DRIVE
City-St-Zip: BARTOW, FL 33830 US

Title: TD () Delete
Name: MEEKS, MARCUS L MR
Address: 875 E. HOOKER STREET
City-St-Zip: BARTOW, FL 33830 US

Title: D () Delete
Name: PITMAN, MARK, MR
Address: 1305 W. MCLEOD STREET
City-St-Zip: BARTOW, FL 33830 US

Title: D () Delete
Name: YOST, DANNY J MR
Address: 1185 HERMOSA AVE.
City-St-Zip: BARTOW, FL 33830 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SPEARS, RONNIE L MR
Address: 1795 HIGHLAND BLVD
City-St-Zip: BARTOW, FL 33830 US

Title: VP (X) Change () Addition
Name: TUTTLE, THOMAS MR
Address: 25 SHADY CIRCLE
City-St-Zip: BARTOW, FL 33830 US

Title: T (X) Change () Addition
Name: PITTMAN, MELISSA R MRS
Address: 1305 W MCLEOD
City-St-Zip: BARTOW, FL 33830 US

Title: S (X) Change () Addition
Name: SPEARS, PATRICIA L MRS
Address: 1795 HIGHLAND BLCD
City-St-Zip: BARTOW, FL 33830 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA L SPEARS

S

04/03/2008

Electronic Signature of Signing Officer or Director

Date