## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91066 027 \*\*\*\*61.25

## **DOCUMENT # N00000006362**

1. Entity Name FLORIDA SOFTBALL CRICKET ASSOCIATION INC.



Principal Place of Business Mailing Address 3342 ARCHER AVE. 1725 RACHELS EDGE LOOP ORLANDO, FL 32833 OCOEE, FL 34761

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2. Principal Pl	ace of Business ,	3. Mailing Address 1725 RACHE	ELS EA						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004 Chg-NP CR2E037 (10/03)					
		City & State  O.CO.E.E. F		4. FEI Number Applied For 59-3666608 Not Applicable					
Zip	Country	3 4761	Country	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name	Name					
NARINE, SMAR 1725 RACHELS EDGE LOOP OCOEE, FL 34761			Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
*									
				City FL Zip Code					
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 (46 oil applicable). (NOTE: Registered Agent signature required when reinstating). DATE									
•	· · · · · · · · · · · · · · · · · · ·								
Filing Fee is \$61.25  Due by May 1, 2004  9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE 7	D	Delete	TITLE 5	SECRETARY D Change MAddition					
NAME .	GANGADEN, FATRAM			MAHENDRA PRASAD.					
STREET ADDRESS,	3342 ARCHER AVE.		STREET ADDRESS .	TATEN WRA FRADAD					
CITY-ST-ZIP	ORLANDO, FL 32833		CITY-ST-ZIP	72-5 RACHELS EDGELDOD, -					
TITLE	SD	Delete	TITLE	1 COLE EL 3 OCT C C Change Addition					
NAME	JIAWAN, GANESH	_ 33.4.5	NAME C	OCOEE, FL 34765 Change Addition					
STREET ADDRESS	3342 ARCHER AVE		STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 32833		CITY-ST-ZIP	_					
TITLE	D ·	☐ Delete	TITLE	PRESIDENT D Change Addition					
NAME	NARINE, ON GRAR	LJ Delete	NAME A	CACACA A LA COMMINION DI AGGINGIO					
STREET ADDRESS	3342 ARCHER AVE.			NGKAR NARINE					
CITY-ST-ZIP	ORLANDO, FL 32833		CITY-ST-ZIP	725 RACHELS EDGE LOOP					
TITLE		☐ Delete							
NAME		La Delete	TITLE (	OCOEE, FL 34761 Change Addition					
STREET ADDRESS			STREET ADDRESS	,					
CITY-ST-ZIP			CITY-ST-ZIP						
				TREASURER D Change Deddition					
title Name		☐ Delete	BALAE .	7 (LP) = 0) 7 (C) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
STREET ADDRESS			STREET ADDRESS	IAN A BUDHAN					
CITY-ST-ZIP									
<del></del>			5077-51-211 /	1725 PACYELS EDGE EDDD  OCOEE, FL 3476/ Change Addition					
TITLE		☐ Delete	TITLE	OCREE, EC 34761 Change Addition					
NAME execut approve									
STREET ADDRESS	Į.		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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:	on.	ONGRAP NARINE	PRESIDENT	40743545	د 0
* - *	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	1