

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007030

1. Entity Name
CHRISTINA GIRLS SOFTBALL, INC.



Principal Place of Business
625 W 540 A RD
LAKELAND, FL 33813

Mailing Address
P.O. BOX 5112
LAKELAND, FL 33807-5112



07252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3482141

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAZMIERSKI, RAY
3443 BLUEBERRY DRIVE
LAKELAND, FL 33811

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IN THIS SPACE**

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

Ray Kazmierski

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 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAZMIERSKI, RAY
STREET ADDRESS	3443 BLUEBERRY DRIVE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	V
NAME	WILLOUGHBY, KYLE
STREET ADDRESS	6220 WOODSFIELD WAY
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	V
NAME	THOMPSON, BRAD
STREET ADDRESS	3037 HEATHER GLYNN DRIVE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	S
NAME	THOMPSON, FARRAH
STREET ADDRESS	3037 HEATHER GLYNN DRIVE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	T
NAME	ROBERTS, GREGG
STREET ADDRESS	5417 HIGHLANDS VUE LANE
CITY-ST-ZIP	LAKELAND, FL 33812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/03/07-80002-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Ray Kazmierski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/07

Date

(863) 644-0879

Daytime Phone #