

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007816

FILED
Jan 20, 2009
Secretary of State

Entity Name: WEST BOYNTON GIRLS FASTPITCH, INC.

Current Principal Place of Business:

6391 C. DURHAM DRIVE
LAKE WORTH, FL 33437

New Principal Place of Business:

Current Mailing Address:

P O BOX 741921
BOYNTON BEACH, FL 334741921

New Mailing Address:

FEI Number: 65-1056481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHARF, DAVID S
6391 C. DURHAM DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: SCHARF, DAVID S
Address: 6391 C. DURHAM DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: CATAPANO, NEIL
Address: 6340 COUNTY FAIR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TR () Delete
Name: HARMS, LISA
Address: PO BOX 741921
City-St-Zip: BOYNTON BEACH, FL 33474

Title: SEC () Delete
Name: CATAPANO, ROSEANNE
Address: 6340 COUNTRY FAIR CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TR (X) Change () Addition
Name: CAPATANO, NEIL
Address: PO BOX 741921
City-St-Zip: BOYNTON BEACH, FL 33474

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: DAVID SCHARF

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date