2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 16, 2003 8:00 am Secretary of State DOCUMENT # N01000001428 04-16-2003 90269 039 ****61.25 LADY RAGE SOFTBALL ASSOCIATION, INC. Principal Place of Business Mailing Address 2881 LAKE VALENCIA BLVD. E 2881 LAKE VALENCIA BLVD. E PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3704528 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANNABLE, SHELLEY T Street Address (P.O. Box Number is Not Acceptable) 2881 LAKE VALENCIA BLVD. E PALM HARBOR FL 34684 City 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 1 (NOTE: Registered Agent signature required when reinstating) Stanature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Addition NAME NAME ANNABLE, SHELLEY T STREET ADDRESS STREET ADDRESS 2881 LAKE VALENCIA BLVD. E CITY-ST-ZIP CiTY-ST-7IP PALM HARBOR FL 34684 ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME SHIELDS, CARLIE A STREET ADDRESS STREET ADDRESS 2881 LAKE VALENCIA BLVD. E CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Addition Delete ☐ Change TITLE SD TITLE NAME BESS, LAURA NAME STREET ADDRESS STREET ADDRESS 2881 LAKE VALENCIA BLVD E. CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL 34684 ☐ Delete TITLE ☐ Channe Addition TITLE Connie Holmes NAME NAME 2881 Lake Valencia Blud E STREET ADDRESS STREET ADDRESS Harbor, A. 34684 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete

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

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

FILED