


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004917	
1. Entity Name PALM BEACH FASTPITCH SOFTBALL, INC.	

Principal Place of Business 1645 PALM BEACH LAKES BLVD 160 WEST PALM BEACH, FL 33401	Mailing Address 1645 PALM BEACH LAKES BLVD 160 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COCHRANE, THOMAS E JR 2801 EXCHANGE COURT WEST PALM BEACH, FL 33409	DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small> _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000122866 04/21/04-80048-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON, RANDY 713 GUM TREE RD. N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON, CONNIE 713 GUM TREE RD. N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TOWNSEND, KENNETH 4 BANNOCK RD PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOWNSEND, MARY BETH 4 BANNOCK RD PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	DATE 4-19-04	DAYTIME PHONE # 561-712-0005
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>DAYTIME PHONE #</small>