2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N01000005111 02-05-2004 90014 026 ****61.25 LADY KNIGHTS FAST PITCH SOFTBALL ORGANIZATION, INC. --Principal Place of Business Mailing Address 721 DEWOLF ROAD 721 DEWOLF ROAD BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. 01212004 Chg-NP Suite, Apt. #, etc. CR2E037 (10/03) City & State City & State 4. FEI Number APPHED FOR 59-3344318 Applied For Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, CYNTHIA K 721 DEWOLF ROAD Street Address (P.O. Box Number is Not Acceptable) BRANDON, FL 33511 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. Signature, typed or printed name of registered agent and title if applicable. $e^{-\frac{1}{2}}(y)^{n-1}$ DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TILE -~ 61 en 1 ☐ Delete TITLE RODRIGUEZ, GLEEN L NAME NAME STREET ADDRESS 721 DEWOLF ROAD STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP TITLE Defete THE ☐ Change Addition RODRIGUEZ, CYNTHIA K NAME NAME STREET ADDRESS 721 DEWOLF ROAD STREET ADDRESS BRANDON, FL 33511 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREHL, EUNINE NAME NAME STREET ADDRESS 10420 ASHLEY OAKS DR -STREET ADORESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP ☐ Delete ☐ Change Addition IIIIE TITI F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. SIGNATURE:

FILED

Feb 05, 2004 8:00 am