2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005576

Entity Name: SAINT CLOUD YOUTH SOFTBALL, INC.

FILED Mar 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3225 CORD AVE 5059 SOUTH KALIGA ST CLOUD, FL 34772 ST CLOUD, FL 34771

Current Mailing Address: New Mailing Address:

3225 CORD AVE 5059 SOUTH KALIGA ST CLOUD, FL 34772 ST CLOUD, FL 34771

FEI Number: 59-3735044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIEBNITZKY, WAYNE

3225 CORD AVE

ST CLOUD, FL 34772

US

STULTZ, JANA
5059 SOUTH KALIGA
ST CLOUD, FL 34771

US

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: JANA STULTZ 03/12/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 LIEBNITZKY, WAYNE
 Name:
 VOLITINA, DOUGLAS VP

 Address:
 3225 CORD AVE
 Address:
 1515 READE CIRLE

 Address:
 3225 CORD AVE
 Address:
 1515 READE CIRLE

 City-St-Zip:
 ST CLOUD, FL 34772
 City-St-Zip:
 ST CLOUD, FL 34772

 Name
 STOLTZ, WAVA
 Name
 STOLTZ, WAVA
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 STOLTZ, WAVA
 Name
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 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 STULTZ, CHAD
 Name:
 STULTZ, CHAD P

 Address:
 5059 S. KALIGA DR.
 Address:
 5059 S. KALIGA DR.

 City-St-Zip:
 SAINT CLOUD, FL 34771
 City-St-Zip:
 SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the 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: JANA STULTZ TR 03/12/2006