

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005576

FILED  
May 13, 2007  
Secretary of State

**Entity Name:** SAINT CLOUD YOUTH SOFTBALL, INC.

**Current Principal Place of Business:**

5059 SOUTH KALIGA  
ST CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

5059 SOUTH KALIGA  
ST CLOUD, FL 34771

**New Mailing Address:**

**FEI Number:** 59-3735044      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: VOLITINA, DOUGLAS VP  
Address: 1515 READE CIRLE  
City-St-Zip: ST CLOUD, FL 34772

Title: D      ( ) Delete  
Name: STULTZ, JANA TR  
Address: 5059 S. KALIGA DR  
City-St-Zip: ST CLOUD, FL 34771

Title: D      ( ) Delete  
Name: STULTZ, CHAD P  
Address: 5059 S. KALIGA DR.  
City-St-Zip: SAINT CLOUD, FL 34771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JANA R STULTZ

OFC

05/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date