


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90109 025 ****61.25

DOCUMENT # N01000006364					
1. Entity Name WEST PINES GIRLS SOFTBALL, INC.					
Principal Place of Business C/O PHILIP SCMALZ 19341 NW 6TH STREET PEMBROKE PINES, FL 33029			Mailing Address PO BOX 822655 SOUTH FLORIDA, FL 33082-2655		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1111593	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STAUFFER, ROBERT 18013 SW 13 ST. PEMBROKE PINES, FL 33029			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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		<i>Philip Schmalz</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		3/7/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELMER, ELLEN		NAME		
STREET ADDRESS	18072 SW 125 COURT		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33029		CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMALZ, PHILIP		NAME		
STREET ADDRESS	19341 NW 6TH STREET		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33029		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMMARIO, RONALD		NAME		
STREET ADDRESS	19321 NW 6TH STREET		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33029		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOYD-PUGH, JENNIFER		NAME		
STREET ADDRESS	530 NW 207 TERRACE		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33029		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		<i>Philip Schmalz</i>		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3/7/06	
				Daytime Phone #	

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