

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006364

FILED
Apr 22, 2008
Secretary of State

Entity Name: WEST PINES GIRLS SOFTBALL, INC.

Current Principal Place of Business:

C/O PHILIP SCMALZ
19341 NW 6TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

PO BOX 822655
SOUTH FLORIDA, FL 330822655

New Mailing Address:

FEI Number: 65-1111593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMALZ, PHIL
19341 NW 6TH STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: DT () Delete
Name: SELMER, ELLEN
Address: 18072 SW 125 COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DP () Delete
Name: SCHMALZ, PHILIP
Address: 19341 NW 6TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV () Delete
Name: SAMMARIO, RONALD
Address: 19321 NW 6TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DS () Delete
Name: BOYD-PUGH, JENNIFER
Address: 530 NW 207 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: SELMER, ELLEN
Address: 18072 SW 12TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

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: ELLEN SELMER

DT

04/22/2008

Electronic Signature of Signing Officer or Director

Date