

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90020 039 ****61.25

DOCUMENT # N01000006901

1. Entity Name
TIMBERWOLVES SOFTBALL BOOSTERS, INC.



Principal Place of Business
7200 THOMASVILLE RD.
TALLAHASSEE, FL 32312

Mailing Address
6755 THOMASVILLE RD
PMB 215
TALLAHASSEE, FL 32312

94020962



2. Principal Place of Business

3. Mailing Address

6753 Thomasville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 215, Suite 108

01132004

Chg-NP

CR2E037 (10/03)

City & State

City & State

Tallahassee FL

4. FEI Number

59-3756147

Applied For

Not Applicable

Zip

Country

Zip

Country

32312

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEVIN, LORI
7200 THOMASVILLE RD.
TALLAHASSEE, FL 32312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 DP ☒ Delete
NAME READ, ROBERT E III
STREET ADDRESS 7896 MCCLURE DR.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE DV ☐ Change ☒ Addition
NAME Jack Schwall
STREET ADDRESS 3059 Killbuck Pointe Ct
CITY-ST-ZIP Tallahassee, FL 32312

TITLE D ☐ Delete
NAME DETTAN, KATHY
STREET ADDRESS 2015 SARALEE LN
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE DP ☒ Change ☐ Addition
NAME Kathy DeHan
STREET ADDRESS 2015 Saralee Lane
CITY-ST-ZIP Tallahassee, FL 32312

TITLE DS ☒ Delete
NAME TROCCHIO, DEBBIE
STREET ADDRESS 1595 COPPERFIELD CIR.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE DS ☐ Change ☒ Addition
NAME Karen Revell
STREET ADDRESS 2317 Tusculum Road
CITY-ST-ZIP Tallahassee, FL 32312

TITLE DV ☒ Delete
NAME HIGGINBOTHAM, BUZ
STREET ADDRESS 1658 FOLKSTONE RD.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Change ☒ Addition
NAME DEBBIE BASS
STREET ADDRESS 10088 COLLINS HOLE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE DV ☒ Delete
NAME RAGANS, CINDY
STREET ADDRESS 4113 BRADFORDVILLE RD.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Change ☒ Addition
NAME FRANK COX
STREET ADDRESS 6734 Alan-A-Dale Trail
CITY-ST-ZIP Tallahassee, FL 32309

TITLE T ☐ Delete
NAME HAMILTON, SCOTT
STREET ADDRESS 2219 TEN OAKS DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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: Scott Hamilton - Scott Hamilton

2/23/04

222-9684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #