

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90176 039 ****61.25

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1. Entity Name
LADY KOWBOY SOFTBALL CLUB, INC.



Principal Place of Business
2324 ROBERT CT.
KISSIMMEE, FL 34741

Mailing Address
2324 ROBERT CT.
KISSIMMEE, FL 34741

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3757635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORD, DICK
2324 ROBERT COURT
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name **CHRIS BALLARD**
Street Address (P.O. Box Number is Not Acceptable)
4178 South Orange Blossom Trail
City **Kissimmee** FL Zip Code **34746**

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, 2008

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

TITLE P/D ☒ Delete
NAME HORD, DICK
STREET ADDRESS 2324 ROBERT COURT
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE VP/D ☒ Delete
NAME WARREN, MIKE
STREET ADDRESS 1560 TINA LANE
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE S/D ☒ Delete
NAME THACKER, JO
STREET ADDRESS 23 ADAMS AVENUE
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE T/D ☒ Delete
NAME KENNEDY, LARRY
STREET ADDRESS 1624 REGAL COVE COURT
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME CHRIS Ballard
STREET ADDRESS 4178 South Orange Blossom Trail
CITY-ST-ZIP Kissimmee Florida 34746

TITLE VP ☒ Change ☐ Addition
NAME Judy Hall

TITLE ~~Treasurer~~ Secretary ☒ Change ☐ Addition
NAME Jojo Clancy
STREET ADDRESS 2828 Janet St
CITY-ST-ZIP Kissimmee Fla 34741

TITLE Treasury ☒ Change ☐ Addition
NAME Sonja Rennes
STREET ADDRESS 3660 Fountain Bleu Blvd
CITY-ST-ZIP Kissimmee Florida 34746

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRIS Ballard

4-15-08

407 944-4484