

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008985

FILED
Jan 08, 2009
Secretary of State

Entity Name: LADY KOWBOY SOFTBALL CLUB, INC.

Current Principal Place of Business:

2324 ROBERT CT.
KISSIMMEE, FL 34741

New Principal Place of Business:

4178 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746

Current Mailing Address:

2324 ROBERT CT.
KISSIMMEE, FL 34741

New Mailing Address:

4178 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746

FEI Number: 59-3757635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLARD, CHRIS
4178 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 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: P/D () Delete
Name: BALLARD, CHRIS
Address: 4178 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: HALL, JUDY
Address: 1560 TINA LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: CLANCY, JODY
Address: 2828 JANET STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: T () Delete
Name: RENNES, SONJA
Address: 3660 FOUNTAIN BLVD.
City-St-Zip: KISSIMMEE, FL 34746

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:

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: CHRIS BALLARD

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date