


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90415 035 ****70.00

DOCUMENT # N02000003963

1. Entity Name
MISS NORTH PORT FASTPITCH SOFTBALL, INC.



Principal Place of Business Mailing Address
PO BOX 7521 **PO BOX 7521**
NORT PORTH FL 34287 **NORT PORTH FL 34287**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
47-0869445 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WILSON, M. MARIE ESQ
13801 S TAMiami TRAIL SUITE D
NORTH PORT FL 34287


7. Name and Address of New Registered Agent

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  **4/26/03** **President**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	DP	<input type="checkbox"/> Delete
NAME	BEHRINGER, WILLIAM	
STREET ADDRESS	6996 CORCK AVENUE	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FANNING, BECKY	
STREET ADDRESS	PO BOX 7521	
CITY-ST-ZIP	NORT PORTH FL 34287	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GILMARTIN, KIM	
STREET ADDRESS	PO BOX 7521	
CITY-ST-ZIP	NORT PORTH FL 34287	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BAILIE, JANET	
STREET ADDRESS	PO BOX 7521	
CITY-ST-ZIP	NORT PORTH FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY SUTTON	
STREET ADDRESS	PO BOX 7521	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/26/03** **94-915-0346**

Signature, typed or printed name of signing officer or director Date Division Phone #

CR2E037 (10/02)