

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90223 022 \*\*\*\*70.00

**DOCUMENT # N02000004599**

1. Entity Name  
**MISS CHARLOTTE FASTPITCH SOFTBALL, INC.**



Principal Place of Business  
**POST OFFICE BOX 494513  
PORT CHARLOTTE, FL 33949**

Mailing Address  
**POST OFFICE BOX 494513  
PORT CHARLOTTE, FL 33949**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**30-0087627**

Applied For  
Not Applicable

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

**MARKLE, JOHN  
701 JARVIS STREET  
PORT CHARLOTTE, FL 33948**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
MARKLE, JOHN  
701 JARVIS STREET  
PORT CHARLOTTE, FL 33948** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
CREWS, DALE  
21524 WEBBWOOD AVENUE  
PORT CHARLOTTE, FL 33954** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Gary Bentley - VP ☒ Change ☐ Addition  
394 Hallcrest Terrace  
Port + Charlotte, FL 33954**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
MASTRELLA, FRANK  
21452 WEBBWOOD AVE  
PORT CHARLOTTE, FL 33954** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Bob Angelo - T ☒ Change ☐ Addition  
5203 Guava Terrace  
Port + Charlotte, FL 33981**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
THOMAS, SONYA  
3714 EASY STREET  
PORT CHARLOTTE, FL 33952** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Sonya Thomas - Sec ☒ Change ☐ Addition  
21017 Higgs Drive  
Port + Charlotte, FL 33952**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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:** Sonya Thomas, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04  
Date

941-639-0311  
Daytime Phone #