

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005821

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: TAMARAC CO-ED SOFTBALL INC.

**Current Principal Place of Business:**

8289 CASSIA TERRACE  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

8289 CASSIA TERRACE  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 27-0024889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCCANN, KEVIN PRES  
8289 CASSIA TERRACE  
TAMARAC, FL 33321 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: PRES ( ) Delete  
Name: MCCANN, KEVIN  
Address: 8289 CASSIA TERRACE  
City-St-Zip: TAMARAC, FL 33321

Title: VP ( ) Delete  
Name: RODRIGUEZ, CHRIS  
Address: 5235 N.W. 54TH SREET  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SECR ( ) Delete  
Name: MIZUSAWA, PENNY  
Address: 8109 N.W. 95TH LANE  
City-St-Zip: TAMARAC, FL 33321

Title: TREA ( ) Delete  
Name: VALDES, PATRICIA  
Address: 8109 N.W. 94TH LANE  
City-St-Zip: TAMARAC, FL 33321

**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: KEVIN MCCANN

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date