

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008956

FILED
May 01, 2009
Secretary of State

Entity Name: TAMPA WILDCATS RED FASTPITCH SOFTBALL, INC.

Current Principal Place of Business:

4903 BAY CREST DRIVE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

KAREN FLACH
4903 BAY CREST DRIVE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 11-3662475 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLACH, KAREN
4903 BAY CREST DRIVE
TAMPA, FL 33615 US

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: D/P () Delete
Name: ROZANSKI, WALT A
Address: 13313 KEARNEY WAY
City-St-Zip: TAMPA, FL 33626

Title: D/S () Delete
Name: FLACH, KAREN
Address: 4903 BAY CREST DRIVE
City-St-Zip: TAMPA, FL 33615

Title: D/T () Delete
Name: FLACH, KAREN J
Address: 4903 BAY CREST DRIVE
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: FLACH, RAY
Address: 4903 BAY CREST DRIVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: ROZANSKI, WALT P
Address: 13313 KEARNEY WAY
City-St-Zip: TAMPA, FL 33626

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: WALT ROZANSKI

D/P

05/01/2009

Electronic Signature of Signing Officer or Director

Date