

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02665

FILED
Apr 26, 2009
Secretary of State

Entity Name: SOUTH SUMTER GIRL'S SOFTBALL LEAGUE, INC.

Current Principal Place of Business:

824 NOBLE AVE.
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1618
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 80-0214235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESIEMORE, WILLIAM
8646 S. US HWY. 301
BUSHNELL, FL 33513 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 () Delete
Name: MESIEMORE, WILLIAM (JOE)
Address: 8646 S. US HWY. 301
City-St-Zip: BUSHNELL, FL 33513

Title: V () Delete
Name: THOMPSON, REACE
Address: 172 CR 532 B
City-St-Zip: BUSHNELL, FL 33513

Title: T () Delete
Name: CORWIN, CAREY
Address: 9916 SW 1ST WAY
City-St-Zip: WEBSTER, FL 33597

Title: S () Delete
Name: SHIFLET, LISA
Address: 10002 SE 5TH DRIVE
City-St-Zip: BUSHNELL, FL 33513 US

Title: D () Delete
Name: SKIPPER, AL
Address: 8325 SW 60TH AVE.
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: WILLIAM J. MESIEMORE

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date