2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N03000001246

Entity Name: AVON PARK SOFTBALL, INC.

Current Principal Place of Business:

PO BOX 255
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

PO BOX 255
AVON PARK, FL 33825

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

JAMES F MCCOLLUM, P.L.
129 SOUTH COMMERCE AVE
SEBRING, FL 33870 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:	DP	( ) Delete
Name:	DAVIDSON, AMANDA	
Address:	131 N GLENWOOD AVE	
City-St-Zip:	AVON PARK, FL 33825	
Title:	DV	( ) Delete
Name:	ROBERTS, MICHELLE	
Address:	806 E. STATE STREET	
City-St-Zip:	AVON PARK, FL 33825	
Title:	DT	( ) Delete
Name:	BENNETT, CINDY	
Address:	371 CR 17 A EAST	
City-St-Zip:	AVON PARK, FL 33825	
Title:	D	( ) Delete
Name:	PALMER, PATTY	
Address:	885 LAKE LOLELA DRIVE	
City-St-Zip:	AVON PARK, FL 33825	
Title:	D	( ) Delete
Name:	COBB, MIKE	
Address:	301 S. WELLS AVE	
City-St-Zip:	AVON PARK, FL 33825	
Title:	D	( ) Delete
Name:	JACKSON, JACKIE	
Address:	407 TUNLANE CIRCLE	
City-St-Zip:	AVON PARK, FL 33825	

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:	
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 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 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: AMANDA DAVIDSON DP 05/05/2005
Electronic Signature of Signing Officer or Director — Date