

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001246

FILED
Feb 06, 2007
Secretary of State

Entity Name: AVON PARK SOFTBALL, INC.

Current Principal Place of Business:

PO BOX 255
AVON PARK, FL 33825

New Principal Place of Business:

ANOKA ST
AVON PARK, FL 33825

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 ()

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: BENNETT, KIM
Address: 3305 W FISHER RD
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: TYLER, KYNDAL
Address: 611 E CORNELL ST
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: MERCURE, SHELLY
Address: 908 FRED PLACE
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 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: CINDY BENNETT

DT

02/06/2007

Electronic Signature of Signing Officer or Director

Date