

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006656

FILED
Apr 16, 2009
Secretary of State

Entity Name: ALL KEYS SOFTBALL, INC.

Current Principal Place of Business:

700 39 ST GULF
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

700 39 ST GULF
MARATHON, FL 33050

New Mailing Address:

FEI Number: 20-0850672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOTTOMLEY, THOMAS
700 39 ST GULF
MARATHON, FL 33050 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: BOTTOMLEY, THOMAS
Address: 700 39TH ST GULF
City-St-Zip: MARATHON, FL 33050

Title: VP () Delete
Name: BOYD, ROBIN
Address: 5205 DOGWOOD DELL
City-St-Zip: MARATHON, FL 33050

Title: S () Delete
Name: LONGSTRETH, LORI
Address: 10960 3RD AVE GULF
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: PERRY, CINDY
Address: 365 114TH ST
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: STRUYF, DEBBIE
Address: 2021 DOLPHIN DR
City-St-Zip: MARATHON, FL 33050

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:

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: THOMAS BOTTOMLEY

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date