


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90047 001 \*\*\*\*61.25

**DOCUMENT # N03000009543**

1. Entity Name  
**PINELLAS FAST PITCH SOFTBALL, INC.**



Principal Place of Business  
**4100 66 AVE N  
 PINELLAS PARK, FL 33781**

Mailing Address  
**P.O. BOX 2124  
 PINELLAS PARK, FL 33781**

**94033350**



03112004 Chg-NP GR2E037 (10/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**212-52-8396**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NEVINS, JOSEPH  
 6543 68 AVE N  
 PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NEVINS, JOSEPH	
STREET ADDRESS	6543 68 AVE N	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUCKETT, RICHARD	
STREET ADDRESS	5971 100 AVE N	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAY, DEBORAH	
STREET ADDRESS	4950 94 AVE N	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE	T	<input type="checkbox"/> Delete
NAME	WATTS, SHERI	
STREET ADDRESS	8481 59 LN N	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Nevins **JOSEPH NEVINS** 3-18-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #