


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000010805</b>	
Entity Name <b>TREASURE COAST SENIOR SOFTBALL ASSOCIATION INC.</b>	

Principal Place of Business <b>2822 SE FARLEY RD. PORT ST. LUCIE, FL 34952</b>	Mailing Address <b>2822 SE FARLEY RD. PORT ST. LUCIE, FL 34952</b>
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03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>56-2440387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	
<b>MILLER, WILLIAM P 2822 SE FARLEY RD. PORT ST. LUCIE, FL 34952</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALINOWSKI, THADDEUS 381 SE LANCASTER AVE. PORT ST. LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, WILLIAM P 2822 SE FARLEY RD. PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREKER, JOHN C 954 NW SPRUCE RIDGE DR. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, GEORGE M 623 NW WHITFIELD WAY PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBEE, BUFORD E 2193 SE DOLPHIN RD. PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/07-80037-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** William Phillip Miller 4/7/07 772 398-1344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #