


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVAL
AND
03-14-2005 90087 037 ****61.25
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002831					
1. Entity Name SOUTH BROWARD HIGH SCHOOL GIRL'S SOFTBALL, INC.					
Principal Place of Business 1110 N 76 AVENUE HOLLYWOOD FL 33024 US			Mailing Address 1110 N 76 AVENUE HOLLYWOOD FL 33024 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1201448	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAUGHERTY, LISA W 1110 N 76 AVENUE HOLLYWOOD FL 33024			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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW! FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P, D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAUGHERTY, LISA W		NAME		
STREET ADDRESS	1110 N 76 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		CITY-ST-ZIP		
TITLE	VP, D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CATES, TIM		NAME		
STREET ADDRESS	208 SE 9 STREET		STREET ADDRESS		
CITY-ST-ZIP	DANIA BEACH FL 33004		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD, JANNIE M		NAME		
STREET ADDRESS	1901 NORTH FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	T, D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURMAN, PATRICIA		NAME		
STREET ADDRESS	1901 NORTH FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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: <u>Lisa W Daugherty</u>			3-7-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		