2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State
04-05-2005 90055 020 ****61.25

DOCUMENT # N04000003382

1. Entity Name
SEBRING YOUTH SOFTBALL, INC.

Principal Place of Business	Mailing Address
1927 NE LAKEVIEW DRIVE SEBRING, FL 33870	1927 NE LAKEVIEW DRIVE SEBRING, FL 33870

2. Principal Place of Business	3. Mailing Address
2313 Jackson Dr.	P.O. Box 4253
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring, FL	City & State
Zip: 33870 Country	Zip: 33871 Country

04012005 Chg-NP CR2E037 (10/03)

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABLES & RITENOUR, P.A. 551 S. COMMERCE AVENUE SEBRING, FL 33870	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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PECK, MICHAEL C 2313 JACKSON DRIVE SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HANCOCK, NED 1815 NE LAKEVIEW DRIVE SEBRING, FL 33870	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP 'Scott' Russ Albritton III 1201 Edgewater Point Sebring, FL 33870	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SHOOP, JAN 1927 NE LAKEVIEW DRIVE SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHOOP, JANET 2601 Lakeview Dr Sebring, FL 33870	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWER, GARY F II 1310 FARM ROAD SEBRING, FL 33876	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNN, THOMAS 4801 WHIPPOORWILL DRIVE SEBRING, FL 33872	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Watt, Tracy 5831 Golden Rd Sebring, FL 33875	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PECK, MICHAEL C 2313 JACKSON DRIVE SEBRING, FL 33870	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Przychocki, Paul 501 Cracker Hammack Sebring, FL 33875	☐ Change ☑ Addition

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.

863

SIGNATURE: Janet L. Shoop JANET L. SHOOP 4-1-05 471-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #