2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004663

Entity Name: CROSS FIRE SOFTBALL ASSOCIATION, INC.

FILED Apr 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3081 ULLMAN AVE 6163 JOE JEFF ST. NORTH PORT, FL 34286 NORTH PORT, FL 34286

Current Mailing Address: New Mailing Address:

6163 JOE JEFF ST. 3081 ULLMAN AVE NORTH PORT, FL 34286 NORTH PORT, FL 34286

FEI Number: 20-1333053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONEY, KEITH SCHICK, JIM 3081 ULLMAN AVE 3794 HÓLIN LANE NORTH PORT, FL 34286 NORTH PORT, FL 34287 US

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: JAMES SCHICK 04/18/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

(X) Change () Addition () Delete SCHICK, JAMES R SCHICK, JAMES R Name: Name: 4543 S SALFORD BLVD Address: 3794 HOLIN LANE Address:

City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: NORTH PORT, FL 34287

Title: Title: (X) Change () Addition () Delete Name: MONEY, KEITH Name: FANNING, BECKY Address: 3081 ULLMAN AVE Address: 6163 JOE JEFF ST.

City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: NORTH PORT, FL 34286

Title: () Delete Title: (X) Change () Addition

FANNING, BECKY Name: AYRES, JENNIFER Name: 2639 YACOLT STREET Address: Address: 5292 TREKELL ST. City-St-Zip: NORTH PORT, FL City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BECKY FANNING Τ 04/18/2005