

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004663

FILED
Apr 25, 2007
Secretary of State

Entity Name: CROSS FIRE SOFTBALL ASSOCIATION, INC.

Current Principal Place of Business:

6163 JOE JEFF ST.
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

6163 JOE JEFF ST.
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 20-1333053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHICK, JIM
3794 HOLIN LANE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHICK, JAMES R
Address: 3794 HOLIN LANE
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: FANNING, BECKY
Address: 6163 JOE JEFF ST.
City-St-Zip: NORTH PORT, FL 34286

Title: S () Delete
Name: AYRES, JENNIFER
Address: 5292 TREKELL ST.
City-St-Zip: NORTH PORT, FL 34287

Title: VP () Delete
Name: HOPKINS, SHANE
Address: 4522 MCCALLISTER LANE
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HAUGHTON, JACQUELINE E
Address: 4188 EAGLE PASS STREET
City-St-Zip: NORTH PORT, FL 34286

Title: VP (X) Change () Addition
Name: HOPKINS, SHANE
Address: 3614 STAGHORN AVE.
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

T

04/25/2007

Electronic Signature of Signing Officer or Director

Date