

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004663

**FILED**  
**Feb 17, 2008**  
**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:**

4262 CORVETTE LANE  
NORTH PORT, FL 34287

**Current Mailing Address:**

6163 JOE JEFF ST.  
NORTH PORT, FL 34286

**New Mailing Address:**

4262 CORVETTE LANE  
NORTH PORT, FL 34287

**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:**

SCHICK, JIM  
4262 CORVETTE LANE  
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: JIM SCHICK

02/17/2008

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: HAUGHTON, JACQUELINE E  
Address: 4188 EAGLE PASS STREET  
City-St-Zip: NORTH PORT, FL 34286

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCHICK, JAMES R  
Address: 4262 CORVETTE LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: T (X) Change ( ) Addition  
Name: HEIDER, STACY  
Address: 4262 CORVETTE LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: S (X) Change ( ) Addition  
Name: SCHICK, CATHLEEN E  
Address: 4262 CORVETTE LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: VP (X) Change ( ) Addition  
Name: WERDELL, JIM  
Address: 4262 CORVETTE LANE  
City-St-Zip: NORTH PORT, FL 34287

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: JIM SCHICK

P

02/17/2008

Electronic Signature of Signing Officer or Director

Date