## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2006 8:00 am Secretary of State

Principal Place of Business   3.6 2380 AVE   376 2380 AVE   4.7 EN Number   5.7 Amelian Address   5.7 Addition   5.7 Amelian Address   5	DOCUMENT # N0400005980  1. Entity Name VERO BEACH GIRLS SOFTBALL ASSOCIATION, INC.						Sa. 1	04-06-2006 90008 003 ****61.25				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  E. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. I em termillar with, and accept the originations of registered agent, or both, in the State of Florida. I em termillar with, and accept the originations of registered agent, or both, in the State of Florida. I em termillar with, and accept the originations of registered agent, or both, in the State of Florida. I em termillar with, and accept the originations of registered agent, or both, in the State of Florida. I em termillar with, and accept the originations of registered agent, or both, in the State of Florida. I em termillar with, and accept the originations of registered agent, or both, in the State of Florida. I em termillar with, and accept the originations of registered agent, or both, in the State of Florida. I em termillar with, and accept the originations of registered agent, or both, in the State of Florida. I em termillar with, and accept the originations of registered agent, or both, in the State of Florida. I em termillar with, and accept the originations of registered agent, or both, in the State of Florida. I em termillar with, and accept the origination of registered agent, or both, in the State of Florida. I em termillar with, and accept the origination of registered agent, or both, in the State of Florida. I em termillar with, and accept the origination of registered agent, or both, in the State of Florida. I em termillar with, and accept the origination of registered agent, or both, in the State of	376 23RD /	AVE	376 2	3RD AVE	62		1111111111111	 Biri birii obiii obiii	# M(f)   # M(f)		<b>2</b> 111 <b>21 á</b> 1 1 <b>23</b> 1	
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Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional Fee Required Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and A			Suite, Apt. #, etc.			03302006	Chg-NP	CR2E0	37 (11/05)			
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ALDRIDGE, DIANE 376 23RD AVE VERO BEACH, FL 32962  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symute, hyero or princed name of registered agent and life if applicable. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent and life if applicable. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent and life if applicable. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent and life if applicable. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent and life if applicable. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent and life if applicable. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent. (NOTE Registered Agent agreed)   DATE    Symute, hyero or princed name of registered agent. (NOTE Registered Agent agreed)   DATE    Symute Registered Agent agent and agent and life if agent agreed agent agent and life if agent agent and life if agent agent agent agent agent and name agent and life if agent age	Zip				Соц	intry			_	\$8.75 Ad Fee Require	ditional	
ALDRIDGE, DIANE 376 23RD AVE VERO BEACH, FL 32962  Street Address (F.C. Box Number is Not Acceptable)  City		6. Name and Address of Curre	nt Registered	Agent		Ni-ma	7. Name and A	ddress of New	Registered	Agent		
Establishment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature												
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 of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent, or both, in the State of Florida Department of State.     Filing Fee is \$61.25						Street Addr	ess (P.O. Box Number	is Not Acceptal	ble)			
SIGNATURE    Signature   Policy   Polic						,			FL			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006  OFFICERS AND E  D WALKER, STANLEY 6246 4TH LANE VERO BEACH, FL 32960  PD DAVIS, RODNEY 7417 16TH MANOR VERO BEACH, FL 32966  STD SHIPPIE, CHARLES 3019 GOLF VIEW DR	DIRECTORS	9. Election Cam Trust Fund C  Delete  Delete  XXDelete  Delete	Inpaign Fi Ontribution  A11.*  TITLE NAME STREE CITY-:  TITLE NAME STREE	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHAN  STD Connie Boye 736 42nd Av	FIGES TO OFFICE	Make checi orida Depar ERS AND DII	Change  Change  Change	Addition  Addition  Addition  Addition  Addition	

12. Inereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

413/06

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