

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90130 006 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000010871

1. Entity Name
AMERICA SOFTBALL LEAGUE, INC.



Principal Place of Business
488 CLERMONT AVE. SOUTH
ORANGE PARK, FL 32073

Mailing Address
488 CLERMONT AVE. SOUTH
ORANGE PARK, FL 32073

20022673



03082006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
55-0888415

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OCASIO, WILFREDO
488 CLERMONT AVE. SOUTH
ORANGE PARK, FL 32073

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IN THIS SPACE**

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 *Wilfredo Ocasio*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-23-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	OCASIO, WILFREDO
STREET ADDRESS	488 CLERMONT AVE. SOUTH
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	OCASIO, MARIA
STREET ADDRESS	488 CLERMONT AVE. SOUTH
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VP
NAME	OCASIO PETER
STREET ADDRESS	488 CLERMONT AVE. S
CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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: *Wilfredo Ocasio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06 (904) 449-1448

Date

Daytime Phone #