# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # N05000001387

1. Entity Name
FORT WHITE SOFTBALL DUGOUT CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 17828 SW SR 47<br>FORT WHITE, FL 32038 | PO BOX 1014<br>FORT WHITE, FL 32038 |

DO NOT WRITE IN THIS SPACE

01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIRES, GEORGE
272 SW HENDERSON TERR
FORT WHITE, FL 32038

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | SPIRES, GEORGE |
| STREET ADDRESS | PO BOX 1014 |
| CITY-ST-ZIP | FORT WHITE, FL 32038 |
| TITLE | VP |
| NAME | CONNERS, MICHAEL |
| STREET ADDRESS | PO BOX 1014 |
| CITY-ST-ZIP | FORT WHITE, FL 32038 |
| TITLE | S |
| NAME | SPIRES, BETH |
| STREET ADDRESS | PO BOX 1014 |
| CITY-ST-ZIP | FORT WHITE, FL 32038 |
| TITLE | T |
| NAME | HODSON, LAURIE |
| STREET ADDRESS | PO BOX 1014 |
| CITY-ST-ZIP | FORT WHITE, FL 32038 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 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:** Lauri Hodson 3-27-07 386-758-1007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #