

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90140 033 ****61.25

DOCUMENT # N05000008471	
1. Entity Name LADY GATORS SOFTBALL CLUB, INC.	

Principal Place of Business 525 SE 6TH AVE DELRAY BEACH, FL 33483	Mailing Address 525 SE 6TH AVE DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE



03162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3324186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RICHARD T
 901 N OLIVE AVE
 WEST PALM BEACH, FL 33401

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	D GRUBB, JIM 525 SE 6TH AVE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALL, ERIC 7117 CATALINA WAY LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZPATRICK, GARY 0329 NW 36TH AVE COCONUT CREEK, FL 33073 <i>REGISTERED</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RICHARD T 901 N OLIVE AVE WEST PALM BEACH, FL 33401
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: *James Grubb* James GRUBB 3/17/07 561-502-1170
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jim GRUBB Date Daytime Phone #