

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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

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 ☐

\$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

**DO NOT WRITE
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

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

(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	D
NAME	GRUBB, JIM
STREET ADDRESS	525 SE 6TH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	CALL, ERIC
STREET ADDRESS	7117 CATALINA WAY
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	FITZPATRICK, GARY
STREET ADDRESS	8323 NW 36TH AVE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	D
NAME	DAVIS, RICHARD T
STREET ADDRESS	901 N OLIVE AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *James Grubb* James GRUBB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/07 561-502-1170
Date Daytime Phone #