

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90107 004 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3324186	
Zip		Country		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				7. Name and Address of New Registered Agent Name <u>Jim GRUBB</u> Street Address (P.O. Box Number is Not Acceptable) <u>525 SE 6TH AVE</u> City <u>DELRAY BEACH</u> FL <u>33483</u>	
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 <u></u> 1/10/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when for stating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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 Joe Casacci 10881 NW 7TH CT PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CALL, ERIC 7117 CATALINA WAY LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u></u> 1/10/08 561-502-1170 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					