2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N06000000783

Entity Name: FLORIDA FIRST COAST SOFTBALL INC.

Current Principal Place of Business:

8021 BOONESBOROUGH TRL
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

8021 BOONESBOROUGH TRL
JACKSONVILLE, FL 32244 US

New Mailing Address:

FEI Number: 06-1774226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEPHENS, TERRY
1842 CLEMSON ROAD
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MCCALL, MARTY	
Address:	6919 PITTS ROAD	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	V	( ) Delete
Name:	FALLIS, GEORGE	
Address:	233 E. BAY STREET, STE. 601	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	T	( ) Delete
Name:	USSERY, TOMMY L	
Address:	8021 BOONESBOROUGH TRL	
City-St-Zip:	JACKSONVILLE, FL 32244 US	
Title:	RS	( ) Delete
Name:	THOMPSON, GAIL	
Address:	11045 BLUE HILL DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	SA	( ) Delete
Name:	JAMES, KNIGHT II	
Address:	1552 BONA VENTURE AVE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY L. USSERY T 02/06/2009

Electronic Signature of Signing Officer or Director — Date