2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003580

Address:

City-St-Zip:

HWY.95A

MOLINO, FL 32577 ES

FILED Jan 08, 2009 Secretary of State

Entity Name: MOLINO GIRLS SOFTBALL, INC. **Current Principal Place of Business: New Principal Place of Business:** 3015 W. MOLINO RD MOLINO, FL 32577 ES **Current Mailing Address: New Mailing Address:** P.O.BOX 27 MOLINO, FL 32577 ES FEI Number: 20-3554593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NICHOLSON, DONNIE 3015 WEST MOLINO RD MOLINO, FL 32577 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NICHOLSON, DONNIE L Name: Name: Address: 3015 WEST MOLINO RD Address: City-St-Zip: MOLINO, FL 32577 ES City-St-Zip: Title: SEC. () Delete Title: () Change () Addition NICHOLSON, JACKIE C Name: Name: Address: 3015 WEST MOLINO RD. Address: City-St-Zip: MOLINO, FL 32577 ES City-St-Zip: Title: TREA () Delete Title: () Change () Addition HAYES, DARLENE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DONNIE L. NICHOLSON **PRES** 01/08/2009