2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003931

FILED May 01, 2008 Secretary of State

Entity Name: CHARLOTTE HURRICANE'S 50+ TOURNAMENT SOFTBALL ASSOCIATION, INC.

| Current F | Principal Place of Business: | New Principal Place of Busir | ness: |
|---|--|--|--|
| | COTT ST. HARLOTTE, FL 33952 | | |
| Current N | Mailing Address: | New Mailing Address: | |
| | COTT ST. HARLOTTE, FL 33952 | | |
| | r: 20-4635373 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did | | ficate of Status Desired () |
| lame and | d Address of Current Registered Agent: | Name and Address of New R | egistered Agent: |
| PORT CH | COTT ST. HARLOTTE, FL 33952 US | | |
| | e named entity submits this statement for the te of Florida. | purpose of changing its registered office o | r registered agent, or botl |
| n the Stat | te of Florida. | purpose of changing its registered office o | r registered agent, or botl |
| n the Stat | te of Florida. | | r registered agent, or botl Date |
| n the Stat SIGNATU | te of Florida. Î | | Date |
| n the Stat SIGNATU | te of Florida. RE: Electronic Signature of Registered A | gent ADDITIONS/CHANGES TO O | Date |
| n the Stat SIGNATU DFFICER itle: lame: ddress: | te of Florida. IRE: Electronic Signature of Registered A S AND DIRECTORS: DP () Delete CAPALBO, MICHAEL 2268 ABSCOTT ST. | ADDITIONS/CHANGES TO O Title: () Chang Name: Address: City-St-Zip: | Date FFICERS AND DIRECTO |
| on the State SIGNATU DFFICER itle: lame: ddress: itty-St-Zip: lame: ddress: | te of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: DP () Delete CAPALBO, MICHAEL 2268 ABSCOTT ST. PORT CHARLOTTE, FL 33952 DV () Delete REUTER, JAMES 23331 LEHIGH AVE. | Gent ADDITIONS/CHANGES TO O Title: () Chang Name: Address: City-St-Zip: Title: () Chang Name: Address: City-St-Zip: | Date FFICERS AND DIRECTO Decorate () Addition |

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: JAMES REUTER VP 05/01/2008