# 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 01, 2011**
**Secretary of State**

DOCUMENT# N06000009145

**Entity Name:** FIFTY PLUS SOFTBALL LEAGUE IN CAPE CORAL, INC.

**Current Principal Place of Business:**

5452 CHABLIS LANE
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 152348
CAPE CORAL, FL 33915 23

**New Mailing Address:**

**FEI Number: 51-0605122** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BALDI, BETTINA E TREASUR
5452 CHABLIS LANE
FORT MYERS, FL 33919 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: PRES
Name: MAYER, ROBERT
Address: 16157 MT. ABBEY WAY
City-St-Zip: FORT MYERS, FL 33908

Title: VP
Name: DOUGHERTY, STEVE
Address: 3347 NORTH KEY DRIVE #34
City-St-Zip: N. FORT MYERS, FL 33903

Title: SEC
Name: FORD, JENNIFER
Address: 5382 MARTIN COVE
City-St-Zip: BOKEELIA, FL 33922

Title: TRES
Name: BALDI, BETTINA E
Address: 5452 CHABLIS LANE
City-St-Zip: FORT MYERS, FL 33919

Title: DIR
Name: HEIMANN, KEN
Address: PO BOX 888
City-St-Zip: BOCA GRANDE, FL 33921 US

I hereby 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 all other like empowered.

SIGNATURE: BETTINA E. BALDI TRES 06/01/2011
Electronic Signature of Signing Officer or Director Date