

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012563

FILED
Apr 16, 2009
Secretary of State

Entity Name: AMATEUR SOFTBALL ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

837 MAGNOLIA DRIVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 948305
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 26-1824097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEE, SUSAN
924 GREENBELT CR.
BRANDON, FL 33510 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: D () Delete
Name: GALLOWAY, TONY
Address: 837 MAGNOLIA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: P () Delete
Name: MANN, DONALD
Address: 1600 BEAR CREEK CROSSING
City-St-Zip: ORLANDO, FL 32824 US

Title: D () Delete
Name: GOEBEL, BILL
Address: 225 NEWBERRYPORT AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: ST () Delete
Name: MCKEE, SUSAN
Address: 924 GREENBELT CR.
City-St-Zip: BRANDON, FL 33510

Title: V () Delete
Name: JAMES, BILL
Address: 225 NEWBURYPORT AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V () Delete
Name: PHILLIPS, DAVID
Address: 130 PRIMROSE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MANN, DONALD
Address: 1600 BEAR CREEK CROSSING
City-St-Zip: ORLANDO, FL 32824 US

Title: P (X) Change () Addition
Name: GOEBEL, BILL
Address: 225 NEWBERRYPORT AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: SUSAN MCKEE

ST

04/16/2009

Electronic Signature of Signing Officer or Director

Date