

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 09, 2009  
Secretary of State

DOCUMENT# N08000001015

Entity Name: WARRIOR SOFTBALL, INC.

**Current Principal Place of Business:**

1620 S RIFLE RANGE ROAD  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

1620 S RIFLE RANGE ROAD  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 26-2765463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

TAMMY, JONES M  
3705 AVE J NW  
WINTER HAVEN, FL 33881      US

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

TAMMY, JONES M  
608 PK AVE.  
AUBURNDALE, FL 33823      US

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: TAMMY JONES

05/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DOWDY, ANTHONY  
Address: 1654 AVE A WEST  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DVP      ( ) Delete  
Name: JONES, TAMMY  
Address: 3705 AVE J NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DS      ( ) Delete  
Name: BULLINGTON, LISA  
Address: 109 SHELTON STREET  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DT      ( ) Delete  
Name: VEGA, ELIZABETH  
Address: 216 11TH STREET WEST  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DT      ( ) Delete  
Name: LOREDO, PATRICA  
Address: 129 7TH TERRACE  
City-St-Zip: WINTER HAVEN, FL 33880

**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: TAMMY JONES

VP

05/09/2009

Electronic Signature of Signing Officer or Director

Date