

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001015

FILED
May 09, 2009
Secretary of State

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