2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005444

FILED Jan 17, 2009 Secretary of State

Entity Name: AMATEUR SOFTBALL ASSOCIATION OF SOUTH FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 5201 SW 101ST TERRACE COOPER CITY, FL 333284949 **Current Mailing Address: New Mailing Address:** 5201 SW 101ST TERRACE COOPER CITY, FL 333284949 FEI Number: 26-2820078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UHLER, MORIS L 5201 S.W. 101ST TERRACE COOPER CITY, FL 333284949 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition WHIPPLE, EDWARD Name: Name: Address: Address: 7961 OAKMONT DRIVE City-St-Zip: City-St-Zip: LAKE WORTH, FL 33467 Title: Title: () Change (X) Addition () Delete Name: Name: UHLER, MORIS L Address: Address: 5201 SW 101 TERRACE City-St-Zip: City-St-Zip: COOPER CITY, FL 333284949 Title: () Delete Title: () Change (X) Addition Name: FONTE, JOSE Name: 8802 NW 176 LANE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33018

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: MORIS L UHLER DT 01/17/2009