FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:21

DOCUMENT # N25751 (1)

1. Corporation Name
KEY WEST GIRLS SOFTBALL LEAGUE, INC.

Principal Place of Business	Mailing Address
2622 #2 STAPLE AVE. P.O. BOX2195 KEY WEST FL 33045	2622 #2 STAPLE AVE. P.O. BOX2195 KEY WEST FL 33045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1988
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0051998 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 2195
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Key West, Fl
Zip 24 / Country 25	Zip 29 33040 / Country 30

9. Name and Address of Current Registered Agent

~~GALLETTI, JOSEPH~~
~~616 WHITEHEAD STREET~~
~~KEY WEST FL 33040~~

Tigan Slaten
515 Whitehead St.
Key West, FL 33040

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by ~~the~~ corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Tigan Slaten — Tigan Slaten — 4.20.95
Signature/typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HERNANDEZ, JANETT	12 NAME	Alexandra Corsi-Leto	
STREET ADDRESS	2809 VENETIAN DR.	13 STREET ADDRESS	P.O. Box 2884	
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP	Key West, FL 33045	
TITLE	TD	21 TITLE	VD	☒ Change ☐ Addition
NAME	JAMES, GLORIA	22 NAME	Susan Goldstein	
STREET ADDRESS	2401 STAPLES AVE.	23 STREET ADDRESS	1207 11th Street	
CITY-ST-ZIP	KEY WEST FL	24 CITY-ST-ZIP	Key West, FL 33040	
TITLE	VD	31 TITLE	SD	☒ Change ☐ Addition
NAME	HERNANDEZ, ROSA	32 NAME	Gloria James	
STREET ADDRESS	1019 18TH ST.	33 STREET ADDRESS	2401 Staples Ave.	
CITY-ST-ZIP	KEY WEST FL	34 CITY-ST-ZIP	Key West, FL 33040	
TITLE	SD	41 TITLE	T	☒ Change ☐ Addition
NAME	GOLDSTEIN, SUSAN	42 NAME	Debra Rodriguez	
STREET ADDRESS	1207 11TH ST.	43 STREET ADDRESS	3412 Flagler Ave.	
CITY-ST-ZIP	KEY WEST FL	44 CITY-ST-ZIP	Key West, FL 33040	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra Rodriguez Debra Rodriguez — Apr/20,1995 — (305) 296-7728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012730