

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31236

FILED
May 14, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA AMATEUR SOFTBALL ASSOCIATION, INC.

Current Principal Place of Business:

CENTRAL FL ASA
1718 WILLA CIR
WINTER PARK, FL 32792 US

New Principal Place of Business:

CENTRAL FL ASA
1100-F S. DELANEY AVENUE #302
ORLANDO, FL 32806 US

Current Mailing Address:

P.O. BOX 948305
MAITLAND, FL 327948305 US

New Mailing Address:

FEI Number: 59-3052377 **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:

Name and Address of New Registered Agent:

GALLOWAY, TONY
P.O. BOX 948305
MAITLAND, FL 327948305 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:

Title: TDC () Delete
Name: ELLINGSWORTH, ROCKY
Address: 301 DORT ST.
City-St-Zip: PLANT CITY, FL 33566

Title: DC () Delete
Name: GALLOWAY, TONY
Address: PO BOX 948365
City-St-Zip: MAITLAND, FL 32794

Title: TRD () Delete
Name: MCCRANIE, LESLIE
Address: 1718 WILLA CIRCLE
City-St-Zip: WINTER PARK, FL 32792

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TDC (X) Change () Addition
Name: ELLINGSWORTH, ROCKY
Address: 10936 SONORA DRIVE
City-St-Zip: GIBSONTOWN, FL 33534

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

Title: TRD (X) Change () Addition
Name: MCCRANIE, LESLIE
Address: 1100-F S. DELANEY AVENUE #302
City-St-Zip: ORLANDO, FL 32806

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE A. MCCRANIE

TRD

05/14/2006

Electronic Signature of Signing Officer or Director

Date