

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31236

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** CENTRAL FLORIDA AMATEUR SOFTBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 948305  
MAITLAND, FL 327948305 US

**New Mailing Address:**

P.O. BOX 948305  
MAITLAND, FL 32794 US

**FEI Number:** 59-3052377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

GALLOWAY, TONY  
837 MAGNOLIA DRIVE  
ALTAMONTE SPGS., FL 32701 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: TONY GALLOWAY

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TDC ( ) Delete  
Name: ELLINGSWORTH, ROCKY  
Address: 10936 SONORA DRIVE  
City-St-Zip: GIBSONTON, FL 33534

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DC (X) Change ( ) Addition  
Name: GALLOWAY, TONY  
Address: 837 MAGNOLIA DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: LESLIE A. MCCRANIE

TRD

04/27/2007

Electronic Signature of Signing Officer or Director

Date