

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31236

FILED  
Apr 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

837 MAGNOLIA DR.  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 948308  
MAITLAND, FL 32794 US

**New Mailing Address:**

**FEI Number:** 59-3052377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKEE, SUSAN  
924 GREENBELT CIRCLE  
BRANDON, FL 32510 US

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

MCKEE, SUSAN  
924 GREENBELT CIRCLE  
BRANDON, FL 33510 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:

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: MCKEE, SUSAN  
Address: 924 GREENBELT CIRCLE  
City-St-Zip: BRANDON, FL 33510 US

Title: D ( ) Delete  
Name: GALLOWAY, TONY  
Address: 837 MAGNOLIA DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: P ( ) Delete  
Name: MANN, DONALD  
Address: 1600 BEAR CREEK CROSSING  
City-St-Zip: ORLANDO, FL 32824 US

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

Title: V ( ) Delete  
Name: JAMES, BILL  
Address: 225 NEWBERRYPORT AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: V ( ) Delete  
Name: PHILLIPS, DAVID  
Address: 130 PRIMROSE  
City-St-Zip: LONGWOOD, FL 32779 US

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

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

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

Title: D (X) Change ( ) Addition  
Name: MANN, DONALD  
Address: 1600 BEAR CREEK CROSSING  
City-St-Zip: ORLANDO, FL 32824 US

Title: P (X) Change ( ) Addition  
Name: GOEBEL, BILL  
Address: 225 NEWBERRYPORT AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: SUSAN MCKEE

ST

04/16/2009

Electronic Signature of Signing Officer or Director

Date