

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31236

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA AMATEUR SOFTBALL ALLIANCE, 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 150025  
ALTAMONTE SPRINGS, FL 32715 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 33510 US

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

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:** ST  
**Name:** MCKEE, SUSAN  
**Address:** 924 GREENBELT CIRCLE  
**City-St-Zip:** BRANDON, FL 33510 US

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

**Title:** D  
**Name:** MANN, DONALD  
**Address:** 1600 BEAR CREEK CROSSING  
**City-St-Zip:** ORLANDO, FL 32824 US

**Title:** P  
**Name:** GOEBEL, BILL  
**Address:** 225 NEWBERRYPORT AVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701 US

**Title:** V  
**Name:** JAMES, BILL  
**Address:** 225 NEWBURYPORT AVE.  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701 US

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

I hereby 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 all other like empowered.

**SIGNATURE:** SUSAN MCKEE

SEC

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date