

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42608

FILED
Feb 28, 2005
Secretary of State

Entity Name: MISS AUBURNDALE SOFTBALL, INC.

Current Principal Place of Business:

90 BENNETT STREET
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1203
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-2966007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YELVINGTON, TINA M.
735 S TODHUNTER WAY
LAKE ALFRED, FL 33850 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: D () Delete
Name: WRIGHT, CHERYL
Address: 90 BENNETT STREET
City-St-Zip: AUBURNDALE, FL 33823

Title: T () Delete
Name: YELVINGTON, TINA M
Address: 90 BENNETT STREET
City-St-Zip: AUBURNDALE, FL

Title: S () Delete
Name: KNOX, TISA
Address: 90 BENNETT STREET
City-St-Zip: AUBURNDALE, FL 33823

Title: P () Delete
Name: HARRIS, TERRY
Address: 90 BENNETT STREET
City-St-Zip: AUBURNDALE, FL 33823

Title: V () Delete
Name: YELVINGTON, TERRY
Address: 90 BENNETT ST
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: SIMS, RONNIE
Address: 90 BENNETT STREET
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: HERNDON, RODNEY
Address: 90 BENNETT STREET
City-St-Zip: AUBURNDALE, FL 33823

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TINA M YELVINGTON

T

02/28/2005

Electronic Signature of Signing Officer or Director

Date