
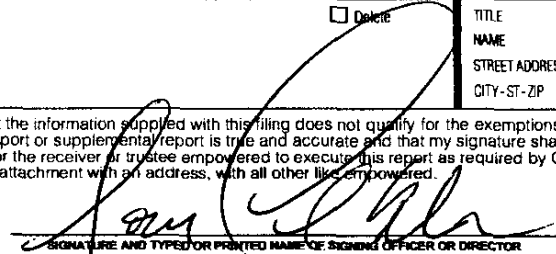


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90108 048 ****61.25

DOCUMENT # N44351			
1. Entity Name TAMPA HEATWAVE GIRLS FASTPITCH SOFTBALL ASSOCIATION CORPORATION			
Principal Place of Business 34031 ESTATES LANE ZEPHYRHILLS, FL 33543		Mailing Address 34031 ESTATES LANE ZEPHYRHILLS, FL 33544	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wesley Chapel, FL		City & State Wesley Chapel, FL	
Zip Country		Zip Country	
33543			
4. FEI Number 05-0534492		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEBLANC, SONNY 34031 ESTATES LANE ZEPHYRHILLS, FL 33543		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SHANON	NAME	
STREET ADDRESS	14294 SE 42ND AVE	STREET ADDRESS	
CITY-ST-ZIP	WEBSTER, FL 33597	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOWLER, KIMBERLEE	NAME	Mike Borak
STREET ADDRESS	19314 SANDY SPRINGS CIRCLE	STREET ADDRESS	605 Rob Roy Drive
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	Clermont, FL 34711
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, SANDY	NAME	Manica Wolfe
STREET ADDRESS	4307 N WILDER ROAD	STREET ADDRESS	18008 Bethlehem Road
CITY-ST-ZIP	PLANT CITY, FL 33565	CITY-ST-ZIP	Lithia, FL 33547
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, EARL	NAME	Susan Wright
STREET ADDRESS	4307 N WILDER RD	STREET ADDRESS	6639 Thickston Drive
CITY-ST-ZIP	PLANT CITY, FL 33565	CITY-ST-ZIP	Riverview, FL 33569
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	MILLER, BOB	NAME	
STREET ADDRESS	2904 FORREST CLUB DR	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33567	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 1/16/07 (813) 714-2966	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	