

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46854

FILED
Jan 17, 2008
Secretary of State

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

Current Principal Place of Business:

1843 BEDIVERE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

1843 BEDIVERE
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 59-3151505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENTON, CARLTON
1843 BEDIVERE
LAKELAND, FL 33813 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: BENTON, CARLTON
Address: 1843 BEDIVERE
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: WILLIAMS, TIM
Address: 502 SUMMER SAILS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: BENTON, WANDA
Address: 1843 BEDIVERE
City-St-Zip: LAKELAND, FL 33813

Title: STD () Delete
Name: LEON, JOHN
Address: 1514 WAKEFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

Title: STD () Delete
Name: VON PREYSING, JOHN
Address: 2900 BUCKINGHAM AVE
City-St-Zip: LAKELAND, FL 33803

Title: STD () Delete
Name: NATALIE, BENTON
Address: 8819 SELPH ROAD
City-St-Zip: LAKELAND, FL 33810

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: STD (X) Change () Addition
Name: WIRTH, CHRIS
Address: 5919 CYPRESS CIRCLE
City-St-Zip: BRADENTON, FL 34202

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: CARLTON BENTON

MR

01/17/2008

Electronic Signature of Signing Officer or Director

Date