

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2004  
Secretary of State**

DOCUMENT# N49449

Entity Name: NORTH BROWARD GIRLS' SOFTBALL LEAGUE, INC.

**Current Principal Place of Business:**

500 S. CYPRESS RD.  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

500 S. CYPRESS RD.  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 65-0431434      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALLISON, SUE  
500 S. CYPRESS RD.  
POMPANO BEACH, FL 33060      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: PFD      ( ) Delete  
Name: ALLISON, WILLIAM S.,  
Address: 500 S. CYPRESS RD.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD      ( ) Delete  
Name: ALLISON, SUE,  
Address: 500 S. CYPRESS RD.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D      ( ) Delete  
Name: BURGESS, JO  
Address: 2632 N. E. 27TH COURT  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

**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:

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: SUE ALLISON

VP/D

01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date