

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49788

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: PEMBROKE PINES GIRLS SOFTBALL, INC.

## Current Principal Place of Business:

FLETCHER PARK  
7900 JOHNSON ST  
PEMBROKE PINES, FL 33023 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 84-9196  
PEMBROKE PINES, FL 33084 US

## New Mailing Address:

FEI Number: 65-0351183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAUGHERTY, LISA  
701 PROMENADE DRIVE  
#230  
PEMBROKE PINES, FL 33026 US

## Name and Address of New Registered Agent:

WALT, LISA  
1110 N. 76 AVE  
HOLLYWOOD, FL 33024 US

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: LISA WALT

03/19/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CASSIDY, JANE  
Address: 1200 NW 91 AVE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD ( ) Delete  
Name: FROBEL, TINA  
Address: 10120 NW 24 COURT  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DVP ( ) Delete  
Name: WALT, LISA  
Address: 1110 NW 76 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: BUENO, IDANIA  
Address: 585 NW 164 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

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

Title: D/TR ( ) Change (X) Addition  
Name: GIRARDI, FRANK  
Address: 801 SW 96 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

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: JANE CASSIDY

DP

03/19/2008

Electronic Signature of Signing Officer or Director

Date