2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N49788

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:

WALT, LISA
1110 N. 76 AVE
HOLLYWOOD, FL 33024 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: DP ( ) Delete
Name: CASSIDY, JANE
Address: 1200 NW 91 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

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

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

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

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:

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 03/22/2009

Electronic Signature of Signing Officer or Director — Date