

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N92000001006

1. Entity Name
RIVER CITY SOFTBALL ASSOCIATION, INC.



FILED
07 SEP 17 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2946 E. KNIGHTS LANE
VICTORIA PARK
JACKSONVILLE, FL 32216

Mailing Address
3263 VICTORIA PARK ROAD
JACKSONVILLE, FL 32216



2. Principal Place of Business - No P.O. Box #
Victoria Park

3. Mailing Address
2425 Orange Picker Rd

Suite, Apt. #, etc.
2946 E Knights Lane

Suite, Apt. #, etc.
Jacksonville

City & State
Jacksonville FL

City & State
Florida

Zip
32216

Country
Duval

Zip
32223

Country
Duval

08242007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3157334

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAXON, JAMIE J
3263 VICTORIA PARK ROAD
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

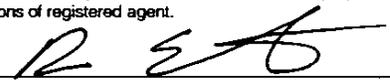
Name
Deric Enter

Street Address (P.O. Box Number is Not Acceptable)
11428 Princessa Ln

City
Jacksonville

FL Zip Code
32218

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.

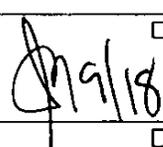
SIGNATURE  DATE **9/11/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAXON, JAMIE J 3263 VICTORIA PK RD JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD VINCENT, MIA 3263 VICTORIA PARK ROAD JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COURSON, JOANNA 3209 BRIDGE COVE CIRCLE EAST JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOLZ, MELINDA 1942 NAVAHO JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Deric Enter 11428 Princessa Ln Jacksonville, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700109723087 09/20/07--01058--011 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cleghorn, Gloria 2425 Orange Picker Rd Jacksonville, Florida 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR