

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N92000001006 1. Entity Name RIVER CITY SOFTBALL ASSOCIATION, INC.		 <div style="text-align: right;"> FILED 07 SEP 17 PM 3:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
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 Suite, Apt. #, etc. 2946 E Knights Lane City & State Jacksonville FL Zip 32216		3. Mailing Address 2425 Orange Picker Rd Suite, Apt. #, etc. Jacksonville City & State Florida Zip 32223	
Country Duval		Country Duval	
4. FEI Number 59-3157334		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
State 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 9/11/07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME JAXON, JAMIE J STREET ADDRESS 3263 VICTORIA PK RD CITY-ST-ZIP JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Deric Enter STREET ADDRESS 11428 Princessa Ln CITY-ST-ZIP Jacksonville, FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AD NAME VINCENT, MIA STREET ADDRESS 3263 VICTORIA PARK ROAD CITY-ST-ZIP JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE 700109723087 STREET ADDRESS 09/20/07--01058--011 **70.00 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME COURSON, JOANNA STREET ADDRESS 3209 BRIDGE COVE CIRCLE EAST CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE SD NAME Cleghorn, Gloria STREET ADDRESS 2425 Orange Picker Rd CITY-ST-ZIP Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME VOLZ, MELINDA STREET ADDRESS 1942 NAVAHO CITY-ST-ZIP JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Cleghorn, Gloria STREET ADDRESS 2425 Orange Picker Rd CITY-ST-ZIP Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME Cleghorn, Gloria STREET ADDRESS 2425 Orange Picker Rd CITY-ST-ZIP Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Cleghorn, Gloria STREET ADDRESS 2425 Orange Picker Rd CITY-ST-ZIP Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME Cleghorn, Gloria STREET ADDRESS 2425 Orange Picker Rd CITY-ST-ZIP Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Cleghorn, Gloria STREET ADDRESS 2425 Orange Picker Rd CITY-ST-ZIP Jacksonville, Florida 32223	<input checked="" 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 9/11/07	
Daytime Phone #			