


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000480		
1. Entity Name GIRLS SOFTBALL ASSOCIATION OF COLUMBIA COUNTY, INC.		
Principal Place of Business	Mailing Address	
846 SW MAIN BLVD LAKE CITY, FL 32025	846 SW MAIN BLVD LAKE CITY, FL 32025 US	



DO NOT WRITE IN THIS SPACE

04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3217578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent
SUND, JACQUELINE 1054 SW LAKE MONTGOMERY AVE LAKE CITY, FL 32025

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SUND, JACQUELINE 1054 SW LAKE MONTGOMERY AVE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BORG MARK 611 NW BRONCO TERRACE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WILLIAMS, JIMMY PO BOX 432 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COLLINS, KAREN 321 SW EMERALD ST LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UDU000355539
05/03/05-80150-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 (280) 758-4576
Date Daytime Phone