

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000480

FILED
Apr 14, 2009
Secretary of State

Entity Name: GIRLS SOFTBALL ASSOCIATION OF COLUMBIA COUNTY, INC.

Current Principal Place of Business:

1101 MALONE ST.
LAKE CITY, FL 32025

New Principal Place of Business:

1963 SW BASCOM NORRIS DR.
LAKE CITY, FL 32025

Current Mailing Address:

P.O. BOX 2225
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-3217578 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHITE, TIMOTHY
2008 SW JIM WITT RD.
LAKE CITY, FL 32025 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: P () Delete
Name: WHITE, TIMOTHY
Address: 2008 SW JIM WITT RD.
City-St-Zip: LAKE CITY, FL 32025

Title: V () Delete
Name: WILLIAMS, JIMMY
Address: P.O. BOX 432
City-St-Zip: LAKE CITY, FL 32056

Title: S () Delete
Name: AMY, MARTS
Address: 455 SW WEIRSEALD PL
City-St-Zip: LAKE CITY, FL 32024

Title: T () Delete
Name: WILLIAMS, TINA 379 NW
Address: 379 SYLVI DR.
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: HARVEY, KATHY
Address: 183 SW DUSTY GLEN
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: PORTER, ANDREW
Address: 252 SW AURORA WAY
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITE, TIMOTHY
Address: P.O. BOX 648
City-St-Zip: LAKE CITY, FL 32056

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

Title: T (X) Change () Addition
Name: AMY, MARTS
Address: 455 SW WEIRSEALD PL
City-St-Zip: LAKE CITY, FL 32024

Title: S (X) Change () Addition
Name: PADGETT, MICHELLE
Address: SW PINEMOUNT RD.
City-St-Zip: LAKE CITY, FL 32024

Title: D (X) Change () Addition
Name: PERRY, PAUL
Address: 379 SW WEIRSEALD PL
City-St-Zip: LAKE CITY, FL 32024

Title: D (X) Change () Addition
Name: STROSSER, ADAM
Address: 157 SW KELLICHE GLN.
City-St-Zip: LAKE CITY, FL 32024

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: TIMOTHY WHITE

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date