

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90008 023 ****61.25

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01222004 Chg-NP CR2E037 (10/03)

DOCUMENT # N94000001891 1. Entity Name OCALA/MARION COUNTY GIRLS SOFTBALL, INC.					
Principal Place of Business 2371 SE 24TH RD OCALA, FL 34474 US			Mailing Address 550 NE 25TH AVE OCALA, FL 34471 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3021 SW 27th Avenue Unit 2		4. FEI Number 59-3267253 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Ocala FL		City & State Ocala FL			
Zip FL		Zip FL			
Country USA		Country USA			
6. Name and Address of Current Registered Agent EDWARDS, STEVE 470 SW 63RD STREET ROAD OCALA, FL 34474				7. Name and Address of New Registered Agent Name <u>John Adams</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 MOATES, DAN STREET ADDRESS 3300 SE 20TH AVENUE CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Rhonda Blanton STREET ADDRESS 1909 SW 27th CITY-ST-ZIP Ocala, FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HUDSPETH, KEITH STREET ADDRESS 8760 SE 19TH AVENUE ROAD CITY-ST-ZIP OCALA, FL 34480	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Chris Deisseroth STREET ADDRESS 2921 SE 38th PLACE CITY-ST-ZIP Ocala, FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME EDWARDS, STEVE STREET ADDRESS 470 SW 63RD STREET ROAD CITY-ST-ZIP OCALA, FL 34474	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Donna Kauppi STREET ADDRESS 1108 NE 47th CT CITY-ST-ZIP Ocala, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME STEWART, MINDY STREET ADDRESS 821 NE 30TH AVE CITY-ST-ZIP OCALA, FL 34470	<input checked="" type="checkbox"/> Delete		TITLE D NAME Rick Foster STREET ADDRESS 10852 108 Terrace Road CITY-ST-ZIP Chandler, FL 32111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME FOSTER, PAM STREET ADDRESS 10852 108 TERR. CITY-ST-ZIP CENDLER, FL 32111	<input checked="" type="checkbox"/> Delete		TITLE D NAME Danny Sumner STREET ADDRESS 1930 NW 60th Avenue CITY-ST-ZIP Ocala, FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ESCARAVAGE, KEITH STREET ADDRESS 435 NE 61ST ST. CITY-ST-ZIP OCALA, FL 34470	<input checked="" type="checkbox"/> Delete		TITLE D NAME Cathy Beebe STREET ADDRESS 640 SE 56th Avenue CITY-ST-ZIP Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>[Signature]</u> 1/24/04			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			Daytime Phone #		