

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005710

FILED
Jan 29, 2009
Secretary of State

Entity Name: YOUTH SOFTBALL ASSOCIATION OF CORAL SPRINGS, INC.

Current Principal Place of Business:

10301 WILES ROAD
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9192
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 65-0534981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, SHIRLEY A
10972 NW 41 DR
CORAL SPRINGS, FL 33065 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: DP () Delete
Name: PSZYK, MICHAEL III
Address: 5024 NW 106TH WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DV () Delete
Name: CARMODY, RAY
Address: 8500 NW 43RD COURT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DS () Delete
Name: FELICIANO, PATTY
Address: 11429 NW 35 ST.
City-St-Zip: POMPANO BEACH, FL 33065

Title: DVVP () Delete
Name: FREIDMAN, RANDY
Address: 11685 W. ATLANTIC BLVD #1906
City-St-Zip: POMPANO BEACH, FL 33071

Title: DT () Delete
Name: COLLINS, SHIRLEY A
Address: 10972 NW 41 DR
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LOVITO, PAUL
Address: PO BOX 9192
City-St-Zip: CORAL SPRINGS, FL 33075

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

Title: DS (X) Change () Addition
Name: KELLEY, JOY
Address: PO BOX 9192
City-St-Zip: CORAL SPRINGS, FL 33075

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

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

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: SHIRLEY A COLLINS

DT

01/29/2009

Electronic Signature of Signing Officer or Director

Date