

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90030 046 ****61.25

DOCUMENT # N95000000138

1. Entity Name

THE SUNCOAST SOFTBALL LEAGUE, INC.



Principal Place of Business

POST OFFICE BOX 151492
 TAMPA FL 33684-5161

Mailing Address

POST OFFICE BOX 151492
 TAMPA FL 33684-5161

J4060000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3526755

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, HORACE G JR
 1410 E. COMANCHE AVE
 TAMPA FL 33604

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$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	VD	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, HORACE G JR	
STREET ADDRESS	1410 E. COMANCHE AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITE, TYLER	
STREET ADDRESS	1001 S ROME AVE #10	
CITY-ST-ZIP	TAMPA-FL 33606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DYER, JEFF	
STREET ADDRESS	11907 DIETZ DR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILMS, MARK	
STREET ADDRESS	1126 150 ST. N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	V	<input type="checkbox"/> Delete
NAME	D'AMBRA, SONNY	
STREET ADDRESS	3010 54TH ST S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Schmah	
STREET ADDRESS	5904 Idle Forest Pl	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert Schmah
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

813.878.6472

Date

Daytime Phone #