

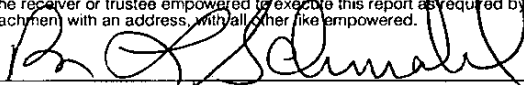


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90019 012 ****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		
2. Principal Place of Business		3. Mailing Address		50000665 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01182006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3526755		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMAHL, ROBERT		NAME		
STREET ADDRESS	5904 IDLE FOREST PL		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, TYLER		NAME	Scott Lenker	
STREET ADDRESS	1001 S ROME AVE #10		STREET ADDRESS	5101 Essex Forge Ct	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa FL 33624	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSEVOY, PAUL		NAME	Jeff Bush	
STREET ADDRESS	10802 HILLBOROUGH AVE #2302		STREET ADDRESS	208 Rue Des Lacs	
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, HOPE		NAME		
STREET ADDRESS	7409 PATRICIAN LAN		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUGAMS, MARK		NAME	Anthony Rodeghier	
STREET ADDRESS	4722 14TH AVE N		STREET ADDRESS	606 S Albany Ave #8	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jerry Travis	
STREET ADDRESS			STREET ADDRESS	12013 Fruitwood Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Riverview, FL 33569	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		2/21/06		813-878-6472	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	