


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90172 013 ****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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3526755 | |
| Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | 04042007 Chg-NP CR2E037 (12/06) | |
| 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 GERALD P. TRAVIS, JR | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 12013 FRUITWOOD DRIVE | | |
| | | | City RIVERVIEW FL | | Zip Code 33569 |
| 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 <i>Gerald P. Travis Jr</i> | | | DATE 4/11/07 | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | (NOTE: Registered Agent signature required when reinstating) | | DATE |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 checked="" type="checkbox"/> Delete | TITLE | PRESIDENT / DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHMAHL, ROBERT | | NAME | JAMES MICHENER | |
| STREET ADDRESS | 5904 IDLE FOREST PL | | STREET ADDRESS | 11220 - 109 TH WAY | |
| CITY-ST-ZIP | TAMPA, FL 33614 | | CITY-ST-ZIP | LARGO, FL 33778 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LENKER, SCOTT | | NAME | | |
| STREET ADDRESS | 5101 ESSEX FORGE CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33624 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUSH, JEFF | | NAME | | |
| STREET ADDRESS | 208 RUE DES LAES | | STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL 34689 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FOSTER, HOPE | | NAME | DOUG HAMILTON | |
| STREET ADDRESS | 7409 PATRICIAN LAN | | STREET ADDRESS | 506 KLICKETY KLAS LAKE | |
| CITY-ST-ZIP | TAMPA, FL 33619 | | CITY-ST-ZIP | VALRICO, FL 33594-6807 | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODEGHIER, ANTHONY | | NAME | | |
| STREET ADDRESS | 606 S. ALBANY AVE #8 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33606 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRAVIS, JERRY | | NAME | | |
| STREET ADDRESS | 12013 FRUITWOOD DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 | | CITY-ST-ZIP | | |
| 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: <i>James R Michener</i> | | | DATE: 4/10/2007 | | Daytime Phone #: 727-366-5575 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

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