

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000138

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** THE SUNCOAST SOFTBALL LEAGUE, INC.

**Current Principal Place of Business:**

5101 ESSEX FORGE CT  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 151492  
TAMPA, FL 33684

**New Mailing Address:**

**FEI Number:** 59-3526755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LENKER, SCOTT A  
5101 ESSEX FORGE CT  
TAMPA, FL 33624 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: PD  
Name: REYNOLDS, ALLEN  
Address: 4559 AMBERLY OAKS CT  
City-St-Zip: TAMPA, FL 33614

Title: T  
Name: LENKER, SCOTT  
Address: 5101 ESSEX FORGE CT  
City-St-Zip: TAMPA, FL 33624

Title: VD  
Name: STRENG, KYLE  
Address: 4518 RIVER OVERLOOK DR  
City-St-Zip: VALRICO, FL 33596

Title: S  
Name: BAGWELL, JASON  
Address: 6842 4TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

Title: VD  
Name: STRATTON, BOB  
Address: 2603 49TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33714

Title: VD  
Name: NOE, TERESA  
Address: 24704 SILVERSMITH DR  
City-St-Zip: LUTZ, FL 33559

I hereby 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 all other like empowered.

SIGNATURE: SCOTT A. LENKER

TREA

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date