


**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

94011556

<b>DOCUMENT # N95000001276</b>						<b>Secretary of State</b> 02-06-2004 90030 045 ****61.25	
1. Entity Name <b>NORTH PALM BEACH GIRL'S SOFTBALL ASSOCIATION, INC.</b>							
Principal Place of Business P.O. BOX 14103 SUITE 204 NORTH PALM BEACH, FL 33408 US				Mailing Address P.O. BOX 14103 SUITE 204 NORTH PALM BEACH, FL 33408 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>SIMPSON, JEFFREY 13245 ST TROPEZ CIRCLE PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent			
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2004				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	VPD	<input type="checkbox"/> Delete		TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASIK, CHRIS			NAME	WASIK, CHRIS		
STREET ADDRESS	928 EVERGREEN DRIVE			STREET ADDRESS	928 Evergreen Drive		
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408			CITY - ST - ZIP	North Palm Beach, FL 33408		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIMPSON, JEFFREY			NAME	DISKANT, BOB		
STREET ADDRESS	13245 ST TROPEZ CIRCLE			STREET ADDRESS	924 Laurel Drive		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410			CITY - ST - ZIP	North Palm Beach, FL 33408		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DAVID			NAME			
STREET ADDRESS	518 MARLIN RD.			STREET ADDRESS			
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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: <u>Jeffrey F. Simpson</u> Jeffrey F. Simpson 2/1/04 561622 9545							