

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90120 012 ****61.25

DOCUMENT # N95000004525

1. Entity Name

FLAGLER FASTPITCH ATHLETIC SOFTBALL TEAMS, INC.



Principal Place of Business

**13 SMITH COUNTY RD
BUNNELL FL 32110**

Mailing Address

**PO BOX 353357
PALM COAST FL 32135**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number **59-3375120**

Applied For
Not Applicable

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

**MATTY, ANGELA
14 ZEBULON-PLACE
PALM COAST FL 32164**

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, 2008**

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

TITLE **P** ☐ Delete
NAME **DOSS, TED**
STREET ADDRESS **1628 SOUTH DAYTONA AVE**
CITY-STATE-ZIP **FLAGLER BEACH FL 32136**

TITLE **D** ☐ Delete
NAME **MATLY, JAMES**
STREET ADDRESS **14 ZEBALON PLACE**
CITY-STATE-ZIP **PALM COAST FL 32164**

TITLE **VP** ☐ Delete
NAME **DEVINE, BARBARA**
STREET ADDRESS **7 WALTER PALCE**
CITY-STATE-ZIP **PALM COAST FL 32164**

TITLE **D** ☐ Delete
NAME **SPENCER, JUDI**
STREET ADDRESS **904 MAGNOLIA TERRACE**
CITY-STATE-ZIP **FLAGLER BEACH FL 32136**

TITLE **D** ☒ Delete
NAME **PRICKETT, DAN**
STREET ADDRESS **35 CROMPTON PLACE**
CITY-STATE-ZIP **PALM COAST FL 32137**

TITLE **T** ☐ Delete
NAME **MATTY, ANGELA**
STREET ADDRESS **14 ZEBULON PLACE**
CITY-STATE-ZIP **PALM COAST FL 32164**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Kerr Blackledge**
STREET ADDRESS **45 Angela Drive**
CITY-STATE-ZIP **Palm Coast FL 32164**

TITLE **D** ☐ Change ☒ Addition
NAME **Bobi MASON**
STREET ADDRESS **PO Box 353605**
CITY-STATE-ZIP **Palm Coast FL 32135**

TITLE **D** ☐ Change ☒ Addition
NAME **Tammy Herschel**
STREET ADDRESS **52 Russell Drive**
CITY-STATE-ZIP **Palm Coast FL 32164**

TITLE **D** ☐ Change ☒ Addition
NAME **Paul Bruff**
STREET ADDRESS **13 Colony Court**
CITY-STATE-ZIP **Palm Coast FL 32137**

TITLE **D** ☐ Change ☒ Addition
NAME **Denise Donahue**
STREET ADDRESS **10 Walnut Lane**
CITY-STATE-ZIP **Ormond Beach FL 32174**

TITLE **D** ☒ Change ☐ Addition
NAME **James Matty**
STREET ADDRESS **14 Zebulon Place**
CITY-STATE-ZIP **Palm Coast FL 32164**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Angela Matty (Angela Matty)

4-10-08

386 793-8983