
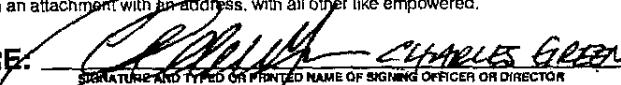


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # N95000005023		
1. Entity Name BOCA RATON FAST PITCH SOFTBALL ASSOCIATION, INC.		
Principal Place of Business 21580 ARBOR WAY BOCA RATON, FL 33433 US		Mailing Address P O BOX 273693 BOCA RATON, FL 33486 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FENICHEL, KIMBERLY S 220 BAXTER ROAD LAKE HELEN, FL 32744		
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 true if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, MICHELLE 21580 ARBOR WAY BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, CHARLES 4363 NW 2ND TERRACE BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, LILLIAN 4363 NW 2ND TERRACE BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, JOHN 21580 ARBOR WAY BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(b), 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:  CHARLES GREEN 2/2/05 954-922-6917 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02022005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0624756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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02/05/05-80040-015 61.25