## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9600000750

324 SPRUCE ST.

TUCKER, STEVE

7782 HOFFY CIR

LAKE WORTH, FL 33467

BOYNTON BEACH, FL 33426

( ) Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: CALOOSA PARK SOFTBALL CLUB, INC.

FILED Apr 05, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 1481 P O BOX 1481 BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33425 **Current Mailing Address: New Mailing Address:** P O BOX 1481 P O BOX 1481 BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33425 FEI Number: 65-0648485 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BELL, TONY 1123 RIALTO DR BOYNTON BEACH, FL 33436 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BELL, TONY Name: Name: Address: 1123 RIALTO DRIVE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STATLER, GEOFF Name: Address: 605 N SWINTON AVE Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: STD () Delete Title: (X) Change ( ) Addition DRISCOLL, KIMBERLY A Name: DRISCOLL, KIMBERLY A Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

324 SPRUCE ST.

VTD

BOYNTON BEACH, FL 33426

BOYNTON BEACH, FL 33426

GRANT, CHRISTOPHER

1201 SW 25TH PL.

(X) Change ( ) Addition

SIGNATURE: CRISTOPHER GRANT VTD 04/05/2004