

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001968

1. Entity Name
PORT ST. JOHN HOUSEWIVES SOFTBALL LEAGUE, INC.



Principal Place of Business
**4027 INDIAN RIVER DRIVE
COCOA, FL 32927 US**

Mailing Address
**4027 INDIAN RIVER DRIVE
COCOA, FL 32927 US**



03032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**JAYNES, KAREN
4027 INDIAN RIVER DRIVE
COCOA, FL 32927**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CARNELL, RENEE 4219 HAVANA DRIVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD JAYNES, KAREN 4027 INDIAN RIVER DRIVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WEIDMANN, HARRY 6480 DALLAS AVE. COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LEVITT, AMY 4585 CARRICK RD COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/26/06-80120-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen R. Jaynes President

Date

321-631-7005

Daytime Phone #

Karen R. Jaynes