

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001968

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** PORT ST. JOHN HOUSEWIVES SOFTBALL LEAGUE, INC.

**Current Principal Place of Business:**

4219 HAVANA DRIVE  
COCOA, FL 32927 US

**New Principal Place of Business:**

6074 APPLE AVE  
COCOA, FL 32927 US

**Current Mailing Address:**

4219 HAVANA DRIVE  
COCOA, FL 32927 US

**New Mailing Address:**

6074 APPLE AVE  
COCOA, FL 32927 US

**FEI Number:** 26-0292118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARNELL, RENEE S  
4219 HAVANA DRIVE  
COCOA, FL 32927 US

**Name and Address of New Registered Agent:**

HARRELL, MELINDA A  
6074 APPLE AVE  
COCOA, FL 32927 US

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: MELINDA HARRELL

02/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: HARRELL, MELINDA  
Address: 6074 APPLE AVENUE  
City-St-Zip: COCOA, FL 32927

Title: TD  
Name: TUCKER, JOLENE  
Address: 3101 KINSLEY ROAD  
City-St-Zip: MIMS, FL 32754

Title: PD  
Name: MICHAUD, TAMMY  
Address: 4705 PINE NEEDLE ST  
City-St-Zip: MIMS, FL 32754

Title: VD  
Name: ZANGL, JOANNE  
Address: 1111 LANE AVENUE  
City-St-Zip: TITUSVILLE, FL 32780

I hereby 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 all other like empowered.

SIGNATURE: MELINDA HARRELL

SD

02/16/2012

Electronic Signature of Signing Officer or Director

Date