2007 NOT-FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000005060

1. Entity Name CLAY COUNTY ADULT SOFTBALL ASSOCIATION, INC.



FILED Sep 06, 2007 8:00 am Secretary of State 09-06-2007 90011 019 ****70.00

Principal Place PAUL C. ARM 2445 COUNT DOCTOR'S IN	ISTRONG SO Y ROAD 220	FTBALL COMPLEX O	Mailing Address P.O. BOX 480 DOCTOR'S INLET, FL 32030				OHIL OCH OCULOC				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09042007 C	hg-NP	CR2E	037 (12/06)		
City & State			City & State			4. FEI Number 59-324661			⊢	oplied For	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current R			oristered Agent			7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent						7. Hallie and Auc	HARR OI MAM V	ayisteret	Affaur		
YORK, LISA M 2970 BIŁOXI TRAIL MIDDLEBURG, FL 32068					Name Street Address (P.O. Box Number is Not Acceptable)						
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				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with								DATE			
Filing Fee is \$61.25 Due by September 14, 2007 9. Election Campaign Finance Trust Fund Contribution.						\$5.00 May Be	, м	lake che	ck payable t	:0	
D	-					Added to Fees	Flor		artment of S	tate	
10.	-	otember 14, 2007	Trust Fund			Added to Fees	L	ida Depa			
10.	-		Trust Fund	Contribution.		Added to Fees ADDITIONS/CHANG	L	ida Depa	DIRECTORS IN	J 10	
10. TITLE	ue by Sep	OFFICERS AND DIF	Trust Fund	Contribution. 11. TITLE	Pre	Added to Fees ADDITIONS/CHANG sident	L	ida Depa			
10.	P MILSTEA	OFFICERS AND DIF	Trust Fund	Contribution.	Pre:	Added to Fees ADDITIONS/CHANG Sident e Wright	L ES TO OFFICE	RS AND [DIRECTORS IN	J 10	
10. TITLE NAME	P MILSTEA 11549 W	OFFICERS AND DIF OFFICERS AND DIF D, BRIAN ANDERING PINES TRA	Trust Fund	TITLE NAME	Pres Mila 219	Added to Fees ADDITIONS/CHANG sident e Wright 9 Constitu	L ES TO OFFICE tion Dri	RS AND D	DIRECTORS IN	J 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILSTEA 11549 WA JACKSON	OFFICERS AND DIF	Trust Fund	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Presid	Added to Fees ADDITIONS/CHANG Sident e Wright 9 Constitut nge Park, 1	L ES TO OFFICE tion Dri	RS AND D	DIRECTORS IN Change	V 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MILSTEA 11549 WA JACKSON	OFFICERS AND DIF OFFICERS AND DIF D, BRIAN ANDERING PINES TRA NVILLE, FL 32258	Trust Fund	Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Present Miltor 219 Orac	Added to Fees ADDITIONS/CHANG sident e Wright 9 Constitution nge Park, lasurer	L ES TO OFFICE tion Dri FL 32073	RS AND D	DIRECTORS IN	J 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MILSTEA 11549 W/ JACKSON TR YORK, LI	OFFICERS AND DIF OFFICERS AND DIF D, BRIAN ANDERING PINES TRA NVILLE, FL 32258	Trust Fund	Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres Mila 219 Ora Trea Vand	Added to Fees ADDITIONS/CHANG sident e Wright 9 Constitutinge Park, lasurer essa Isenba	L ES TO OFFICE tion Dri FL 3207 3 erg	RS AND D	DIRECTORS IN Change	V 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MILSTEA 11549 WA JACKSON TR YORK, LI 2970 BILC	OFFICERS AND DIF OFFICERS AND DIF D, BRIAN ANDERING PINES TRA NVILLE, FL 32258	Trust Fund	Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Pres Mila 219 Ora Trea Vand	Added to Fees ADDITIONS/CHANG sident e Wright 9 Constitutinge Park, lasurer essa Isenba	L ES TO OFFICE tion Dri FL 3207 3 erg	RS AND D	DIRECTORS IN Change	V 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILSTEA 11549 WA JACKSON TR YORK, LI 2970 BILC	OFFICERS AND DIF OFFICERS AND DIF D, BRIAN ANDERING PINES TRA NVILLE, FL 32258 SA M DXI TR	Trust Fund Delete IL WEST	Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Mila 219 Oras Trea Vano 607 Oras	Added to Fees ADDITIONS/CHANG Sident e Tright 9 Constitution nge Park, asurer essa Isenbe Laurel Grunge Park, cretary	L ES TO OFFICE tion Dri FL 3207 3 erg	RS AND D	Change	Addition	
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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 all other like empowered.

SIGNATURE: \(\(\)

York <u>M</u>pa E OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NA

LISA M. YORK- SECRETARY

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