2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity Name

DOCUMENT # N96000005060



FILED Jun 30, 2008 8:00 am Secretary of State 06-30-2008 90021 037 ****70.00

CLAY CO	OUNTY ADULT SOFTBALL	ASSOCIATION, INC			4(-30-2008 9002	.1 037 *** 70.0	
2445 COUNT	STRONG SOFTBALL COMPLEX	Mailing Address P.O. BOX 480 DOCTOR'S INLET, FL 3	32030			8(16) 88(1) 88(1) 88(1) 88	II. 188 1 1 888 18 18 1 881 1 18	
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	. Mailing Address		- 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06262008 CI	ng-NP C	CR2E037 (12/06)		
City & State		City & State	City & State		4. FEI Number 59-324661	7	No	oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	See Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regi	stered Agent	
YORK, LIS	SA M		Nar	me				
2970 BILO			Stre	eet Address ((P.O. Box Number is	Not Acceptable)		
			City	y			FL Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered offi	ice or register	red agent, or both, in	the State of Florida		and accept
3								
SIGNATURE.	Signature, typed or printed name of registered agent	and use if applicable. (NOT	E: Registered Agent	signature required	d when reinstating)		DATE	
		9. Election Car			\$5.00 May Be Added to Fees		check payable to Department of Si	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIE	9. Election Car Trust Fund (mpaign Financ	ing	\$5.00 May Be	Florida	check payable to Department of S	tate
10. TITLE	Filling Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIE	9. Election Car Trust Fund (mpaign Financ Contribution.	ing	\$5.00 May Be Added to Fees	Florida	check payable to Department of S	tate
Do 10. TITLE NAME	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DII VP MILSTEAD, BRIAN	9. Election Car Trust Fund (RECTORS	mpaign Financ Contribution. 11. TITLE NAME	ing	\$5.00 May Be Added to Fees	Florida	e check payable to Department of SI	tate
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIE VP MILSTEAD, BRIAN 11549 WANDERING PINES TRA JACKSONVILLE, FL 32258	9. Election Car Trust Fund (RECTORS Delete	mpaign Financ Contribution. 11. TITLE NAME STREET ADDI	ing	\$5.00 May Be Added to Fees	Florida	e check payable to Department of Si AND DIRECTORS IN	tate I 10 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 receives 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR