

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005423

FILED
May 05, 2004
Secretary of State

Entity Name: LEE COUNTY SOFTBALL LEAGUE, INC.

Current Principal Place of Business:

3722 LUZON STREET
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3722 LUZON STREET
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0708655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNE, DENISE
3722 LUZON STREET
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: HORNE, DENISE
Address: 3722 LUZON STREET
City-St-Zip: FT MYERS, FL 33901

Title: D () Delete
Name: KOPPLER, DION
Address: 1515 SUNKIST WAY
City-St-Zip: FT MYERS, FL 33905

Title: D () Delete
Name: MAGNER, SUZANNE
Address: 841 SE 8TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: HORNE, DENISE
Address: 3722 LUZON STREET
City-St-Zip: FT MYERS, FL 33901

Title: DVP (X) Change () Addition
Name: EDWARDS, JACK
Address: P O BOX 100475
City-St-Zip: CAPE CORAL, FL 33910

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MAGNER, STEVE
Address: 841 SE 8TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Change (X) Addition
Name: NEWMANS, SHANNON
Address: 3810 SE 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: DP () Change (X) Addition
Name: O'NEIL, MARK
Address: 14611 SIX MILE CYPRESS PARKWAY
City-St-Zip: FORT MYERS, FL 33912

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.

SIGNATURE: DENISE HORNE

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05/05/2004

Electronic Signature of Signing Officer or Director

Date