2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005423

Entity Name: LEE COUNTY SOFTBALL LEAGUE, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3722 LUZON STREET FT MYERS, FL 33901				8359 BEACON BLVD. SUITE #401 FT MYERS, FL 33907			
Current Mailing Address:				New Mailing Address:			
3722 LUZC FT MYERS	N STREET i, FL 33901			8359 BEAC SUITE #40° FT MYERS	1		
FEI Number:	65-0708655	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status	Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address of N	ew Registered Ag	ent:
HORNE, D 3722 LUZC FT MYERS	N STREET	US		8359 BEAC SUITE #40		s	
The above in the State		submits this statement for the pu	irpose o	f changing it	s registered of	ffice or registered a	gent, or both,
SIGNATURE: RYAN P. DUGAN					04/30/2007		
	Electror	nic Signature of Registered Agen	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS AN	D DIRECTORS:
Title: Name: Address: City-St-Zip:	DVP () HORNE, DENIS 3722 LUZON S FT MYERS, FL	TREET		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	STEVENS, RAN	BLVD. SUITE #401		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DUGAN, RYAN	Delete BOULEVARD, #401 FL 33907		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DT () NEWMANS, SH 3810 SE 12TH CAPE CORAL,	PLACE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	O'NEIL, MARK	Delete E CYPRESS PARKWAY FL 33912		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	D () OXLEY, JOSHU 8359 BEACON FORT MYERS,	BLVD. #401	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RYAN P. DUGAN DP 04/30/2007