2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Paul Mcor

SIGNATURE: __

DOCUMENT # N9700000220 1. Enbity Name TWILIGHT GIRLS FAST PITCH SOFTBALL, INC.							Secretary of State			
Principal Place of Business 602 CLAYTON CIRCLE WINTER HAVEN FL 33880				Mailing Address 602 CLAYTON CIRCLE WINTER HAVEN FL 33880						
			·,							
2. Principal P	lace of Busin	2038	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt #, etc.			MO	ORE CR2	E037 (11/03)		
City & State	e		City & State				4. FEI Number 59	-3358837	}	plied For t Applicable
Ζιρ	Zip Country		Zip		Country	5. Certificate of S		us Desired 🔲	\$8.75 Add Fee Requires	itional J
	6. Name	and Address of Curren	t Register	istered Agent Name			7. Name and Addre	ss of New Registe	red Agent	
	JL DW WOOD DR /EN FL 33881			idress (P.O. Box Number is No	ot Acceptable)				
					City			· · · · · · · · · · · · · · · · · · ·	FL Zip Code	3
the obligat	ions of regisi	y submits this statement tered agent.	for the purp	oose of changing its	registered office or	register	red agent, or both, in th	ne State of Florida.	l am familiar with,	and accept
SIGNATURE		or printed name of registered age	nt and title if ap	picable (NOTE	. Registered Agent signatur	ue tednitec	d when reinstating)	Σ	SATE	
٠ - ا		/: FEE IS \$61.25 / May 1, 2004		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		heck Payable epartment of S		
10.	IDS	OFFICERS AND E	RECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	SIMOENS, 146 LK DA	JIM AISY TERR IAVEN FL 33884		☐ Defete	TITLE NAME STREET ADORESS CITY-ST-ZIP		UNNOOND25838 □ Change □ Add 02/02/04-80122-006 61.25			Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		AUL TON CIRCLE IAVEN FL 33880	☐ Belete	IBILE NAME STREET ADDRESS CITY+ST-ZIP		- · · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MCKENNY, DIANNA 711 AVE F NE				TITLE NAME STREET ADDRESS GITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+SI-ZIP				□ Dejete .	TATLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
indicated of the co	d on this repo reoration or t	ne information supplied word or suppliemental report the receiver or trustee em achment with an address	is true and powered to	accurate and that report	my signature shall hi as required by Cha	בתו פגופ	came lenal effect as it.	made under dath: I	bat Lam an officer	or director

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