

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 019 ****61.25

DOCUMENT # N97000000220

1. Entity Name
TWILIGHT GIRLS FAST PITCH SOFTBALL, INC.



Principal Place of Business
602 CLAYTON CIRCLE
WINTER HAVEN, FL 33880

Mailing Address
602 CLAYTON CIRCLE
WINTER HAVEN, FL 33880

40015500



01282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3358837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOORE, PAUL
~~421 SHADOW WOOD DR~~
~~WINTER HAVEN, FL 33881~~
602 Clayton Circle
Winter Haven, FL 33880

**DO NOT WRITE
IN THIS SPACE**

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 Paul Moore
Signature, typed or printed name of registered agent and title if applicable.

Paul Moore
(NOTE: Registered Agent signature required when reappointing)

2/5/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DS
NAME MOORE, DEBRA A
STREET ADDRESS 6021 CLAYTON CIR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE PD
NAME MOORE, PAUL
STREET ADDRESS 602 CLAYTON CIRCLE
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE D
NAME MCKENNY, DIANNA
STREET ADDRESS 711 AVE F NE
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Paul Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 863
Date Daytime Phone #
206-5305