

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 14, 2009
Secretary of State

DOCUMENT# N97000000445

Entity Name: TALLAHASSEE FAST PITCH SOFTBALL ASSOCIATION, INC.**Current Principal Place of Business:**400-509 DUPREE ST
MESSER FIELD #5
TALLAHASSEE, FL 32304 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 14812
TALLAHASSEE, FL 323174812 US**New Mailing Address:****FEI Number:** 26-1993843**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TULLOS, PHILLIP
7218 OX BOW CIRCLE
TALLAHASSEE, FL 32312 US**Name and Address of New Registered Agent:**SMITH, MORIYA
2525 SPRINGFOREST RD
TALLAHASSEE, FL 32301 US

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: M. SMITH

11/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TULLOS, PHILLIP C
Address: 7218 OX BOW CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: SMITH, MORIYA
Address: 2525 SPRINGFOREST RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: TULLOS, RHONDA L
Address: 7218 OX BOW CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: LEWIS, TERILYNN
Address: PO BOX 180188
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP () Delete
Name: MCKAY, TOM
Address: 4344 KENSINGTON ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, MORIYA
Address: 2525 SPRINGFOREST RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP (X) Change () Addition
Name: BUFFKIN, DONALD
Address: 1936 QUEENSWOOD DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: T (X) Change () Addition
Name: BAKER, JULIE
Address: 6303 COACH HOUSE CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Change () Addition
Name: LEWIS, TERILYNN
Address: PO BOX 180188
City-St-Zip: TALLAHASSEE, FL 32317

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

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: M. SMITH

P

11/14/2009

Electronic Signature of Signing Officer or Director

Date