




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90017 049 ****61.25

DOCUMENT # N97000000466 1. Entity Name CLERMONT GIRLS SOFTBALL LEAGUE, INC.					
Principal Place of Business POB 121344 CLERMONT, FL 34712 US			Mailing Address POB 121344 CLERMONT, FL 34712 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3429222			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HALL, KAREN D 10332 LAKE LOUISA ROAD CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name James J. Ison, Jr. Street Address (P.O. Box Number is Not Acceptable) 10950 Poinciana Drive City Clermont FL Zip Code 34711		
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  Vice President + Registered Agent 7/31/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, K <input checked="" type="checkbox"/> Delete 10332 LAKE LOUISA RD CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jackie Chapman 14807 Yellow Pine Lane Clermont, FL 37411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAUL, KEN <input type="checkbox"/> Delete 9900 CANAL ZONE WAY CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete MORREALE, MELISSA 813 FORESTWOOD DR CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kristen Olafsen 121 Lombard Circle Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete ROHN, ROBIN 15917 BAY LAKES TRAIL CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James J. Ison Jr. 10950 Poinciana Drive Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Vice President 7/31/04 352-394-5894 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					