2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000466

FILED Jan 16, 2008 Secretary of State

Entity Name: CLERMONT GIRLS SOFTBALL LEAGUE, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
POB 1213 CLERMON	44 NT, FL 34712	US	3301 HANCOCK ROA CLERMONT, FL 347	
Current M	lailing Addres	s:	New Mailing Addres	s:
POB 1213 CLERMON	44 NT, FL 34712	US		
FEI Number	: 59-3429222	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
1560 BLÓ	ANITA R ESQ XAM AVENUE NT, FL 34711	US		d affine an experience of a country and back
		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
n the State	e of Florida.	submits this statement for the	purpose of changing its registere	a office of registered agent, or both
	e of Florida. RE:			
in the State	e of Florida. RE: Electron	ic Signature of Registered Ag	ent	Date
in the State	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ag TORS: ^{Delete} N CLE	ent	
in the State SIGNATUI OFFICER Title: Name: Address:	e of Florida. RE: Electron S AND DIREC* SD (X) CLAUSS, SUSA 1562 MUIR CIR CLERMONT, FL	ic Signature of Registered Ag FORS: Delete N CLE . 34711 Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electron S AND DIREC SD (X) CLAUSS, SUSA 1562 MUIR CIRC CLERMONT, FL PD () CLARK, JACK 464 BROOKE R MINNEOLA, FL	ic Signature of Registered Ag FORS: Delete N CLE . 34711 Delete EIDGE CIRCLE 34715 Delete RY BLVD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO () Change () Addition

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: CINDY PAK TD 01/16/2008