

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000853

Entity Name: LADY LIONS SOFTBALL, INC.

FILED
Jan 14, 2004
Secretary of State

Current Principal Place of Business:

C/O LEON HIGH SCHOOL
550 EAST TENNESSEE STREET
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

C/O LEON HIGH SCHOOL
550 EAST TENNESSEE STREET
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 16-1631537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORN, GEOFFREY
7844 BRIARCREEK ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HORN, GEOFFREY
Address: 7844 BRIARCREEK RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD () Delete
Name: COK, DAVID
Address: 3400 MERRIMAC DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: RANFT, TERESA
Address: 7225 GARRET RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: HORN, TERESA
Address: 7844 BRIARCREEK RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: JONES, WINDY
Address: 550 EAST TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: COX, DAVID
Address: 3400 MERRIMAC DR.
City-St-Zip: TALLAHASSEE, FL 32312

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEOFFREY HORN

PD

01/14/2004

Electronic Signature of Signing Officer or Director

Date