2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N97000000853

Entity Name: LADY LIONS SOFTBALL, INC.

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALSH, ROBERT P
590 MEADOW RIDGE DRIVE
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: GOFF, WILLIAM C
Address: 2411 FORMOSA DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete
Name: SMITH, ALISA J
Address: 3310 JOHN HANCOCK DRIVE
City-St-Zip: TALLAHASSEE, FL 32302

Title: S ( ) Delete
Name: SAVAGE, MICHAEL E
Address: 3429 CASTLEBAR CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete
Name: WALSH, ROBERT P
Address: 590 MEADOW RIDGE DRIVE
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: WILLIAM C. GOFF PD 05/02/2007
Electronic Signature of Signing Officer or Director — Date