

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000853

FILED  
Sep 28, 2012  
Secretary of State

**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 ( )**

**Name and Address of Current Registered Agent:**

PRATHER, ROBERT  
550 EAST TENNESSEE STREET  
TALLAHASSEE, FL 32308 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  
Name: PRATHER, ROBERT  
Address: 550 EAST TENNESSEE STREET  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD  
Name: DYALS, LYNNA  
Address: 550 EAST TENNESSEE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: T  
Name: OVEN, FRANCES  
Address: 550 EAST TENNESSEE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S  
Name: KINSEY, ROBIN  
Address: 550 EAST TENNESSEE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D  
Name: SABOURIN, THOMAS  
Address: 550 EAST TENNESSEE STREET  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: FRANCES OVEN

T

09/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date