## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N97000001267 1. Entity Name 04-25-2005 90214 033 \*\*\*\*61.25 SEBRING YOUTH FAST PITCH SOFTBALL, INC. Mailing Address Principal Place of Business P O BOX 4253 SEBRING FL 33871 PO BOX 4253 ~UU42818 SEBRING FL 33871 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0716549 Not Applicable Zìo Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANCOCK, TAMMY J CPA Street Address (P.O. Box Number is Not Acceptable) 435 S. COMMERCE AVE SEBRING FL 33870 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. П Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE ☐ Delete THUE HANCOCK, J. NED NAME NAME 1815 N.E. LAKEVIEW DR. STREET ADDRESS STREET ADDRESS SEBRING FL 33870 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition SHOOP, JANET L MAME NAME 1927 N.E. LAKEVIEW DR. STREET ADDRESS STREET ADDRESS SEBRING FL 33870 CITY-ST-ZIP CITY-ST-7IP Scott Albritton III Change 1201 edgewater Point Dr Sebring, FL 33870 TITLE M Delete TITLE DUNN, THOMAS NAME NAME 4801 WHIPPROWILL RD. STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE LOWER, GARY F II NAME NAME 1310 FARM RD STREET ADDRESS STREET ADDRESS SEBRING FL 33876 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition BASSETT, GREG NAME NAME 1616 5TH AVE STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-7IP CITY-ST-ZIP Pack, Mickey 1313 Jackson Dr. Sibring fl 33870 TITLE TITLE Change ☐ Detete ☐ Addition PACK, MICKEY

12. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

1930 KING AVE.

SEBRING FL 33870

NAME

STREET ADDRESS

CITY-ST-7IP

ING OFFICER OR DIRECTOR

4.20.05 863-471.1288

Date Daylirre Phone #

**FILED**