

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004159

FILED
Feb 08, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA SOFTBALL LEAGUE, INC.

Current Principal Place of Business:

218 SOUTH BUMBY AVE.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

PO BOX 149692
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 59-3501162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRACASSI, GARY A
218 SOUTH BUMBY AVE.
ORLANDO, FL 32803 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: SA () Delete
Name: HANLEY, BRIAN
Address: 304 E. SOUTH ST. #2029
City-St-Zip: ORLANDO, FL 32810

Title: AC () Delete
Name: HAREM, RICHARD
Address: 800 SAN JUAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: T () Delete
Name: MCCLOUD, KEITH
Address: 3428 WILDER LN
City-St-Zip: ORLANDO, FL 32804

Title: M () Delete
Name: GAITHER, KYLE
Address: 4525 PARK EDEN CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: C () Delete
Name: ANDREA, ANTHONY
Address: 6438 EDGEWORTH DR.
City-St-Zip: ORLANDO, FL 32819

Title: S () Delete
Name: ANDREA, ANTHONY
Address: 6438 EDGEWORTH DR.
City-St-Zip: ORLANDO, FL 32819

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: C (X) Change () Addition
Name: ANDREALA, ANTHONY
Address: 415 ST. FRANCIS STREET, #118
City-St-Zip: TALLAHASSEE, FL 32301

Title: S (X) Change () Addition
Name: GENTRY, NORM
Address: 3730 MARTIN STREET
City-St-Zip: ORLANDO, FL 32806

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: ANTHONY ANDREALA

C

02/08/2009

Electronic Signature of Signing Officer or Director

Date